Form	990
------	-----

Т

## EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest in			he latest in	formation.	Inspection	
A For the 2022 calendar year, or tax year beginning and ending						
B Check if applicable: C Name of organization D Employer identia						ation number
X	Addre					
	Name	ge Doing business as			75-097822	0
	Initial		eet address)	Room/suite	E Telephone number	
	Final				806376452	
	termi ated	City or town, state or province, country, and ZIP or fore	ign postal code		G Gross receipts \$	81,976,915.
	Amer	n AMARIDDO, IA 79101			H(a) Is this a group ret	
	Appli tion pend	F Name and address of principal officer: CLAI SIN.				Yes X No
		919 S. POLK, AMARILLO, TX /9	101		H(b) Are all subordinates incl	uded? Yes No
<u> </u> ]	Tax-ex	Kempt status:         X         501(c)(3)         501(c) (         )         (insert		or 527	If "No," attach a li	st. See instructions
	Webs				H(c) Group exemption	
		of organization: X Corporation Trust Association	Other	L Year	of formation: 1957 M	State of legal domicile: TX
Pa	art I	Summary		aantaa		000000000000
e	1	Briefly describe the organization's mission or most significant				
Governance		AS A PUBLIC CHARITY, WITH A MIS				
ernä	2	Check this box if the organization discontinued its		sed of more		
Š	3	Number of voting members of the governing body (Part VI, line 1a)				25
		Number of independent voting members of the governing boo				25 26
ies	5	Total number of individuals employed in calendar year 2022 (I				<u></u> 75
Activities &	6	Total number of volunteers (estimate if necessary)				-21,584.
Act	/ a	Total unrelated business revenue from Part VIII, column (C), li				0.
		Net unrelated business taxable income from Form 990-T, Part	I, line 11	·····	Prior Year	Current Year
		Contributions and grants (Dart )/III line 1b)			8,630,153.	20,512,736.
ne	8				1,434,966.	1,328,610.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			29,568,643.	6,198,198.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a			98,090.	307,914.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, c			39,731,852.	28,347,458.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3			12,584,410.	16,671,739.
	14		<i>,</i>		0.	0.
	45		<i>(</i> - ) - ) - )		2,246,094.	2,379,745.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, colu Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	846,83	16.		
ы		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 (			16,115,427.	20,512,387.
	19	Revenue less expenses. Subtract line 18 from line 12			23,616,425.	7,835,071.
or v	9				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1	71,829,645.	152,569,192.
ASS	21	Total liabilities (Part X, line 26)			15,599,867.	14,185,263.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1	56,229,778.	138,383,929.
Pa	art II	Signature Block				
					at a state that have a state	and the state of t

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	Signature of officer			Date				
Here	CLAY STRIBLING, PRESIDENT	& CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	GARY D. MITCHELL			self-employed P00005725				
Preparer	Firm's name CMMS CPAS & ADVIS	ORS PLLC		Firm's EIN 85-3890541				
Use Only	Firm's address 801 S FILLMORE, S'	TE 600						
AMARILLO, TX 79101 Phone no.806-373-666								
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) AMARILLO AREA FOUNDATION, INC. 75-0978220 Page 2
Par	t 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
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(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.
	Form <b>990</b> (2022
232002	12-13-22

Form	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	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		х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Δ	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	12-13-22	⊢orm	330	(2022)

232003 12-13-22

Form	aan	(2022)
FUIII	990	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
06	Schedule L, Part I	200		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01		34	х	
25 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
		<u>55a</u>		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2. If "Yes." a same lets School J. D. Det V. Jins 2.	35b	Х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330	23	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
07	If "Yes," complete Schedule R, Part V, line 2	36		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~-		v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa				<b></b>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	l 12-13-22	Form	990	(2022)

17011102 162110 29060242T1

<sup>5</sup> 2022.05000 AMARILLO AREA FOUNDATION, 29060241

Form	990 (2022) AMARILLO AREA FOUNDATION, INC.	75-097	8220	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	X	
b	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u>				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact				X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	? <mark>7</mark> a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	_		
	Enter the amount of reserves on hand	13c			
					X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Forn	ז <b>990</b>	(2022)

### 17011102 162110 29060242T1

Form	990 (	(2022)
------	-------	--------

75-0978220 Page 6

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befoi	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4=	v	
a	The organization's CEO, Executive Director, or top management official			15a	X X	
b	Other officers or key employees of the organization			15b	Δ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		ith a			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			16-		x
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		Δ
D		-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16b		
Sec	exempt status with respect to such arrangements?					
	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000	T (section 501(c)(3)s	only)	availat	
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990	-1 (Section 301(c)(3)3	Only)	avalla	JIE
	Own website       Another's website       X       Upon request       Other (explain)		bodulo ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	finand	rial	
13	statements available to the public during the tax year.	innot (	and policy, and	man	Jial	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
20	CLAY STRIBLING - 806-376-4521	an				
	919 S. POLK, AMARILLO, TX 79101					
232004	5 12-13-22			Form	990	(2022)
	7					()

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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			is botł	n an	compensation	compensation	amount of
	week		cer an	uau	recio	n/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual ti	tiona		nploy	st cor		1000 NEO)		organizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) VANESSA BUZZARD	1.00									
CHAIR	2.00	Х		Х				0.	0.	0.
(2) DAVID PRESCOTT	1.00									
1ST VICE CHAIR	2.00	Х		Х				0.	0.	0.
(3) CHERI DE JONG	1.00									
2ND VICE CHAIR	0.00	Х		Х				0.	0.	0.
(4) SHARON WHITE	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(5) BILL BRITAIN	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(6) PAUL CLARK	1.00									
IMMEDIATE PAST CHAIR	2.00	Х		Х				0.	0.	0.
(7) CHRISTY BERTOLINO	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(8) SCOTT BIDDY	1.00									_
DIRECTOR	0.00	х						0.	0.	0.
(9) LEWIS BRITT	1.00									-
DIRECTOR	0.00	Х						0.	0.	0.
(10) HELEN BURTON	1.00									-
DIRECTOR	0.00	Х						0.	0.	0.
(11) TREVOR CAVINESS	1.00									-
DIRECTOR	1.00	Х						0.	0.	0.
(12) SONJA CLARK	1.00									-
DIRECTOR	0.00	Х						0.	0.	0.
(13) NICKI CRUMP	1.00									-
DIRECTOR	0.00	Х						0.	0.	0.
(14) MICHAEL CRUZ	1.00									-
DIRECTOR	0.00	х						0.	0.	0.
(15) LORI HENKE	1.00									-
DIRECTOR	2.00	Х						0.	0.	0.
(16) MIKE HUGHES	1.00									
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
(17) BOWDEN JONES	1.00								•	<u>^</u>
DIRECTOR	1.00	Х						0.	0.	0 <b>.</b>

8

232007 12-13-22

Form **990** (2022)

Form	990	(2022)	
	000		

Part VII Se	ction A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)			(B) (C)						(E)	(F)			
	Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated			
	hours per week box, unless person is both an officer and a director/trustee)							compensation	compensation	amount of				
		weeк (list any			uau		1/	(00)	from the	from related	other			
		hours for	direct						organization	organizations (W-2/1099-MISC/	compensation from the			
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization			
		organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related			
		below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations			
		line)	Indi	Inst	Officer	Key	Higle	For						
(18) MARK KI	EYS	1.00	37						0	0				
DIRECTOR		0.00	Х				-		0.	0.	0.			
(19) PEDRO I	LIMAS	1.00	х						0.	0.				
DIRECTOR (20) CHARLES		0.00	Λ				-		0.	0.	0.			
DIRECTOR	5 MESIAS	0.00	х						0.	0.	0.			
(21) KRISTEN	N MOUDY	1.00	Δ				-		0.	0.	0.			
DIRECTOR	N MOODI	0.00	х						0.	0.	0.			
(22) STELLA	SAULS	1.00	~						0.	0.				
DIRECTOR	5110115	0.00	х						0.	0.	0.			
(23) TRENT \$	SISEMORE	1.00												
DIRECTOR		0.00	х						0.	0.	0.			
(24) WILLIAM	M WARE	1.00												
DIRECTOR		0.00	х						0.	0.	0.			
(25) SUZANNI	E WILLIS	1.00												
DIRECTOR		1.00	Х						0.	0.	0.			
(26) CLAY ST	TRIBLING	20.00												
PRESIDENT &	CEO	21.00			Х				233,077.	0.	44,731.			
1b Subtotal	L								233,077.	0.	44,731.			
	m continuation sheets to Part VII								465,880.	0.				
	Id lines 1b and 1c)								698,957.	0.	133,343.			
	mber of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	-			
compens	sation from the organization										5			
											Yes No			
	organization list any former officer,	,	,	,		,	,	0		5	3 X			
	If "Yes," complete Schedule J for su								or componentian from t		3 X			
•	ndividual listed on line 1a, is the sui	•		•						•	4 X			
	ed organizations greater than \$150 person listed on line 1a receive or a										4 11			
	to the organization? If "Yes," com								•		5 X			
	dependent Contractors		2010	51 50		Jers	011 .							
1 Complete	e this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion from			
the orgar	nization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		(C)				
Name and business address									Description of s	ervices C	Compensation			
	CHUCK JACOBSON CONSTRUCTION													
						CONSTRUCTION		207,710.						
AMARILLO PLACE ONE PARTNERS LTD P.O. BOX 51620, AMARILLO, TX 79159 RENTS														
P.O. BOX	<u>K 51620, AMARILLO,</u>	TX /91	59					-	RENTS		205,650.			
2 Total nur	mber of independent contractors (in	cluding but no	ot lin	niter	l to t	thos	se lis	ted	above) who received mo	ore than				

\$100,000 of compensation from the organization 2 SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22

17011102 162110 29060242T1

Form 990 (2022)

<sup>9</sup> 

Form 990 AMARILLO	AREA FO	UN	IDA	TI	ON	Γ,	IN	c.	75-097	8220
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (		, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(Cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e l		from the	from related organizations	other
	(list any	tor				ploye		organization	(W-2/1099-MISC)	compensation from the
	hours for	direc				d em		(W-2/1099-MISC)	(11 2/1000 11100)	organization
	related	tee or	istee			ensate		(		and related
	organizations	trust	nal tri		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	Ind	su	0ff	Key	Hig	For			
(27) DAVID HURTT	20.00							100 400	0	22 256
ASSISTANT SECRETARY/VP FINANCE				X				120,420.	0.	32,356.
(28) KERALEE CLAY	20.00							120 020	0	
VP OF OPERATIONS	21.00					X		120,920.	0.	25,705.
(29) LARA ESCOBAR	20.00 21.00					x		110 400	0.	10 070
VP OF COMMUNITY INVESTMENT		-	-			<u> </u>		110,420.	U •	12,872.
(30) MELANIE SMOOT VP OF DEVELOPMENT	20.00 21.00	-				x		114,120.	0.	17,679.
VF OF DEVELOPMENT	21.00							114,120.	0.	17,079.
		-								
		-	-							
	1	I	1	1	1		1			
Total to Part VII, Section A, line 1c								465,880.		88,612.

232201 04-01-22

Built of the second s	Ра	rt V		Statement of Rev	venue						
Total rownue         Pleide drownue         Desite reached function revenue         Desite reached function service         Perime activité function service         Perime activité function service           george activité de la feated organizations in la monte de intégrise de la feated organizations in la monte de intégrise de la feated organizations in la monte de intégrise de la feated organizations intégrise de la feate organizatione intégrise de la feate organizations intégrise de la feate orga				Check if Schedule O c	contains	a response	or note to any line		(D)	(0)	
Best Membership Ques         ID         70,850.           0         Printariang ownin         Id								• •	Related or exempt	Unrelated	Revenue excluded
Box         Immoderating owns         ID         70,850.           c	រ រ	1 :	a F	Federated campaigns		1a					
Busines Code         Image: Code Section of Code Sectin of Code Section of Code Sectin of Code Section of Code	rani						70,850.				
But and the set of th	, G	(									
Busines Code         Image: Code Section of Code Sectin of Code Section of Code Sectin of Code Section of Code	àifts ar A	(					1,014,052.				
But and the set of th	s, G mili		e (	Government grants (contri	ibutions)	1e					
But and the set of th	ion r Si	1	f/	All other contributions, gifts,	grants, ar	nd					
Busines Code         Image: Code Section of Code Sectin of Code Section of Code Sectin of Code Section of Code	ibut the		5	similar amounts not included	above	. 1f	19,427,834.				
Busines Code         Image: Code Section of Code Sectin of Code Section of Code Sectin of Code Section of Code	ontr d O	9	g r	Noncash contributions included in I	lines 1a-1f	1g \$	778,725.				
generative         2 a ADMINISTRATIVE FEES         561000         1,328,610.         1,328,610.           a	ano		h 1	Total. Add lines 1a-1f				20,512,736.			
Bornow         Bornow<											
a         Total. Add lines 2a.21         1,328,610.           a         Threat. Add lines 2a.21         1,328,610.           a         Investment income (including dividends, interest, and dividends, and dividends, interest, a	ice	2 8	a <sup>z</sup>				561000	1,328,610.	1,328,610.		
1       3       Investment income (including dividends, interest, and dividends, and ditene trevenue, dividend, ditene trevenue, dithest that	ervi										
1       3       Investment income (including dividends, interest, and dividends, and ditene trevenue, dividend, ditene trevenue, dithest that	n S /eni	0									
1       3       Investment income (including dividends, interest, and dividends, and ditene trevenue, dividend, ditene trevenue, dithest that	graı Rev	(	-								
1       1       3       Investment income (including dividends, interest, and dividends, and dintert, les returns, and aliovances, and dilovances, a	roç		-	All other prearem convices							
3         investment income (including dividends, interest, and other similar amounts)         2,170,332,         2170332,           4         income from investment of tax exempt bond proceeds         263,144.         263,144.         263,144.           6 a         Gross rents         6a         6b         263,144.         263,144.         263,144.           6 a         Gross rents         6a         6b         263,144.         263,144.         263,144.           7 a         Gross amount from sales of assets other than inventory         57,657,223.         20         20         20           b         Less: cost or other basis and sales expenses         7b         53,629,457.         20         20         207,866.         4027866.           8 a         Gross income from fundraising events (not including 3	-							1 328 610			
e         other similar amounts)         2,170,332.         2170332.           4         income from investment of tax-exempt bond proceeds         263,144.         263,144.           5         Royalties         6         263,144.         263,144.           6         Gross rents         6         6         263,144.         263,144.           7         Gross rents         6         6         6         6           7         Gross mount from sales of assets other than inventory blacks and sales expenses.         6         7         6         7           8         Gross income from fundraising events (not including \$ of (oss)         7         4,027,866.         4027866.         4027866.           8         Gross income from fundraising events (not including \$ of (oss) income from fundraising events.         9         9         9         9           9         Gross income from gaming activities. See Part IV, line 18         8a         9 <td< td=""><th></th><td></td><td></td><td></td><td></td><td></td><td></td><td>1,010,010.</td><td></td><td></td><td></td></td<>								1,010,010.			
4         Income from investment of tax exempt bond proceeds         263,144.         263,144.         263,144.           6 a         Gross rents         6a         6b         6c         263,144.         263,144.           6 a         Gross rents         6c         6c         6c         6c         6c           7 a         Gross anount from sales of assets other than inventory         6c         6c         6c         6c           7 a         Gross anount from sales of ther basis and sales openes         70         53,629,457.         7c         7c         4,027,866.         4027866.           6 Net gen or (loss)		Ŭ						2,170,332.			2170332.
5         Royalties         263,144.         263,144.         263,144.           6 a         Gross rents         6 a         0 Real         0) Personal         263,144.         263,144.           6 a         Gross rents         6 a         0 Real         0) Personal         263,144.         263,144.           b         Less: rental expenses         6 b         6 b         6 c         6 c         6 c           7 a         Gross amount from sales of assets other than inventory b         Less: cost or other basis rob sales expenses         7 b         57, 657, 323.         0           7 b         Gross income from fundraling events (not including \$ or for not mundraling events (not including \$ or for contributions reported on line to; See Part IV, line 18         4,027,866.         4027866.           9 a         Gross income from fundraling events         9 a         9 a         9 a         9 a           9 a         Gross allow of income groid and allowances         9 a         9 a         9 a         9 a         9 a           10 a         Gross allow of income groid group anting activities. See Part IV, line 19         9 a         9 a         9 a         9 a         9 a         9 a         9 a         9 a         9 a         9 a         9 a         9 a         9 a         9 a<		4		,				, ,			
G a         Gross rents         G a         (i) Real         (ii) Personal           b         Less: rental income or (loss)         G b							1	263,144.			263,144.
b         Less: rental expenses         6b         c           c         Rental income or (toss)         6c				,							
c         Rental income or (loss)         Gc         Image: Constraint of the second		6 8	a (	Gross rents	6a						
d         Net rental income or (loss)		I	b l	Less: rental expenses	6b						
Product         Construction		(	c F	Rental income or (loss)	6c						
Provide         Tage         57,657,323.         Tage         Tage <thtage< th="">         Tage         Tage</thtage<>			d I	Net rental income or (loss)	) <u></u>						
Bit         Less: cost or other basis and sales expenses         To         53, 629, 457.           c         Gain or (loss)         To         4, 027, 866.         4027866.           d         Net gain or (loss)         4, 027, 866.         4027866.         4027866.           a         Gross income from fundraising events (not including \$		7 :	<b>a</b> (	Gross amount from sales of							
and sales expenses         Tb         53, 629, 457.           c         Gain or (loss)         Tc         4, 027, 866.         4027866.           d         Net gain or (loss)         4, 027, 866.         4027866.         4027866.           a         Gross income from fundraising events (not including \$			â	assets other than inventory	<b>7a</b> 57	,657,323	•				
Gain or (loss)         To         4,027,866.         4,027,866.         4027866.           B a         Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18         4,027,866.         4027866.           B a         Gross income from fundraising events.         6         4027866.         4027866.           B a         Gross reported on line 1c). See Part IV, line 18         Ba         Ba         Ba         A           B a         Contributions reported on line 1c). See Part IV, line 19         Ba         Ba         A         A           B a         Gross income or (loss) from gaming activities. See Part IV, line 19         Ba         Ba         A         A           B b         Less: clirect expenses         Bb         Ba         A         A         A           C Net income or (loss) from gaming activities         A         A         A         A         A           ID a         Gross sales of inventory, less returns and allowances         IOa         IOa         IOa         A         A           ID a         OTHER INCOME         Business Code         B         A         C         A         C         C         C         C         C         C         C         C         C		1	b l	Less: cost or other basis							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a       8a         b Less: direct expenses 8b       8b         c Net income or (loss) from fundraising events       0         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       0         c Net income or (loss) from gaming activities       0         c Net income or (loss) from gaming activities       0         b Less: direct expenses       9b	anu										
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a       8a         b Less: direct expenses 8b       8b         c Net income or (loss) from fundraising events       0         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       0         c Net income or (loss) from gaming activities       0         c Net income or (loss) from gaming activities       0         b Less: direct expenses       9b	evel				· · · ·		-				1007066
B       including \$ of contributions reported on line 1c). See Part IV, line 18	r Re						·····	4,027,866.			4027866.
contributions reported on line 1c). See       Ba       Ba         part IV, line 18       Ba       Bb         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events       Image: Contribution of the set of	the	8 8									
Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events       9         g       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       9         c       Net income or (loss) from gaming activities       0         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       0         c       Net income or (loss) from sales of inventory       0         c       Net income or (loss) from sales of inventory       0         c       Met income or (loss) from sales of inventory       0         c       Met income or (loss) from sales of inventory       0         d       INCOME FROM PARTNERSHIPS-UNRELATE       561000       66,354.         c       -       -       -         d       All other revenue       -       -         e       Total revenue. See instructions       28,347,458.       1,328,610.       -21,584.         c       -21,584.	0			•		_					
b       Less: direct expenses       8b       Ab         9       Gross income or (loss) from fundraising events       9         9       Gross income from gaming activities. See Part IV, line 19       9         b       Less: direct expenses       9         c       Net income or (loss) from gaming activities       9         c       Net income or (loss) from gaming activities       9         c       Net income or (loss) from gaming activities       0         10       a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b       0         c       Net income or (loss) from sales of inventory       561000       66,354.         b       INCOME       561000       66,354.       66,354.         c       0       0       0       0         c       0       0       0       0         c       0       0       0       0       0         c       0       0       0       0       0         c       0       0       0       0       0         d       All other revenue       0       0       0         e       Total reve					-						
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       0         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       0         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         c Net income or (loss) from sales of inventory       0         c All other revenue       561000       66,354.         c All other revenue       0       0         e Total. Add lines 11a-11d       44,770.       0         12 Total revenue. See instructions       28,347,458.       1,328,610.       -21,584.											
Part IV, line 19       9a       9b       9b<						-					
b       Less: direct expenses       9b       Image: State of the											
c       Net income or (loss) from gaming activities       Image: Construction of the second o											
10 a Gross sales of inventory, less returns and allowances       10a       10a         b Less: cost of goods sold       10b       10b         c Net income or (loss) from sales of inventory       10b       10b         11 a OTHER INCOME       Business Code       100         b INCOME FROM PARTNERSHIPS-UNRELATE       561000       66,354.       -21,584.         c       11 a OTHER INCOME       523000       -21,584.       -21,584.         b INCOME FROM PARTNERSHIPS-UNRELATE       523000       -21,584.       -21,584.         c       100       100       100       100         12 Total revenue. See instructions       28,347,458.       1,328,610.       -21,584.											
b       Less: cost of goods sold       10b       Image: Cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: Cost of goods sold       Image: Cost of goods sold sold       Image: Cost of goods sold sold sold sold sold sold sold											
b       Less: cost of goods sold       10b       Image: Cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: Cost of goods sold       Image: Cost of goods sold sold       Image: Cost of goods sold sold sold sold sold sold sold			á	and allowances		10	a				
Business Code         Model         Model           11 a         OTHER INCOME         561000         66,354.         66,354.           b         INCOME FROM PARTNERSHIPS-UNRELATE         523000         -21,584.         -21,584.           c		1					b				
11 a       OTHER INCOME       561000       66,354.       66,354.         b       INCOME FROM PARTNERSHIPS-UNRELATE       523000       -21,584.       -21,584.         c			1 0	Net income or (loss) from s	sales of	inventory .					
e Total. Add lines 11a-11d         44,770.           12         Total revenue. See instructions         28,347,458.         1,328,610.         -21,584.         6527696.	s										
e Total. Add lines 11a-11d         44,770.           12         Total revenue. See instructions         28,347,458.         1,328,610.         -21,584.         6527696.	e e	11 a	-						ļ		66,354.
e Total. Add lines 11a-11d         44,770.           12 Total revenue. See instructions         28,347,458.         1,328,610.         -21,584.         6527696.	lan. enu		b ]	INCOME FROM PARTNERS	SHIPS-U	INRELATE	523000	-21,584.		-21,584.	
e Total. Add lines 11a-11d         44,770.           12 Total revenue. See instructions         28,347,458.         1,328,610.         -21,584.         6527696.	Seve		-								
e Total. Add lines 11a-11d         44,770.           12 Total revenue. See instructions         28,347,458.         1,328,610.         -21,584.         6527696.	Mis										
									1 200 610	01 507	(505000
232009 12-13-22 Form <b>990</b> (2022					DIIS			20,34/,438.	1,328,010.	-21,584.	Form <b>990</b> (2022)

Form 990 (2022)

2022.05000 AMARILLO AREA FOUNDATION, 29060241

75-0978220 Page 9

AMARILLO AREA FOUNDATION, 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).

INC.

	Check if Schedule O contains a respor	se or note to any line in	this Part IX	nplete column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21	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				<b></b>
	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):				
	Management	12 241		12 241	
b	0	<u>13,241.</u> 81,320.		<u>13,241.</u> 81,320.	
c	0	01,520.		01,520.	
	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	300,180.	300,180.		
g		500,100.	500,100.		
9	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 $\dots$				
19	Conferences, conventions, and meetings	20,706.	3,167.	15,407.	2,132.
20	Interest				
21	Payments to affiliates	24.200	00.000		4 001
22	Depreciation, depletion, and amortization	34,308.	22,060.	7,327.	4,921.
23		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 0.) OTHER EXPENSES	169,065.	138,278.	12,114.	18,673.
a b		47,589.	2,850.	44,739.	0.
D C	DDOGDAN EXDENCED	38,388.	38,388.	0.	0.
d		14,759.	0.	14,759.	0.
	All other expenses		· · ·		5.
25	Total functional expenses. Add lines 1 through 24e	20,512,387.	18,259,935.	1,405,636.	846,816.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-13-22				Form <b>990</b> (2022

17011102 162110 29060242T1

75-0978220 Page 11

гa	πΧ	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	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 o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ខ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	<b>B</b>				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 equ			171,829,645.	16	152,569,192
	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	
ŝ	22	Loans and other payables to any current or forr	ner offic	er, director,			
ΠĘ		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrel	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			14,872,206.	25	
	26	Total liabilities. Add lines 17 through 25			15,599,867.	26	14,185,263
		Organizations that follow FASB ASC 958, cho	eck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	156,229,778.	27	138,383,929		
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9	958, che	eck here			
Ĕ.		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	ncome, o	or other funds		31	
Nei	32	Total net assets or fund balances			156,229,778.	32	138,383,929
	33	Total liabilities and net assets/fund balances	<u></u>	·····	171,829,645.	33	152,569,192

Form 990 (2022)

# Form 990 (2022) AMARILLO Part X Balance Sheet

	AMARILLO AREA FOUNDATION, INC.	75-0	)978220	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,34		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,51		
3	Revenue less expenses. Subtract line 2 from line 1	3	7,83		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	156,22		
5	Net unrealized gains (losses) on investments	5	-25,68	0,9	20.
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	138,38	3,9	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			990	
			Г. с. ни		$(n \cap n)$

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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
-------------	--------------

Nam	e of t	he organization						Employer	identification number
		AMAR	ILLO AREA H	FOUNDATION, 1	INC.				5-0978220
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1 [		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ı 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ie general p	oublic described in
,		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city,	and state of	the college	or
		university:							
10		An organization that normal							
		activities related to its exem		•	. ,				•
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	πer June 30, 1975.
I		See section 509(a)(2). (Cor	-	valu to toot for public oot	atu Caa	nontion EC	0(-)(4)		
11		An organization organized a	-		•				nurnance of one or
12		An organization organized a more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	•••					-	nivina
u		the supported organization	-	-	•	-			
		organization. You must c			majority o				ipporting
b		<b>Type II.</b> A supporting orga	-		ion with its	s supporte	d organizatio	n(s) by hay	ina
2		control or management o	-				-		-
		organization(s). You mus						90 110 00.pr	
с		Type III functionally inte	-		n connect	ion with. a	nd functional	lv integrate	d with.
		its supported organization	• • •					, ,	,
d		] Type III non-functionally					-	ted organiz	zation(s)
		that is not functionally inte						-	
		requirement (see instructi			•				
е		Check this box if the orga	nization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ide the following information							
	(i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Total									

Part II

AMARILLO AREA FOUNDATION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4992474.	9611912.	9398704.	8630153.	20512736.	<u>53145979.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	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.	
11	Total support. Add lines 7 through 10						61887901.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 5	,156,292.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (I					14	66.68 %
	Public support percentage from 2021					15	62.97 %
<b>16</b> a	<b>33 1/3% support test - 2022.</b> If the o	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		0				
b	<b>33 1/3% support test - 2021.</b> If the o				line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

Schedule A	(Form	990	2022
		000	1 2022

AMARILLO AREA FOUNDATION, INC. 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.)

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6			(0) 2020		(0) 202.	
	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
_							
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021		1			16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 2			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the						line 17 is not
_	more than 33 1/3%, check this box a	-	•				
b	<b>33 1/3% support tests - 2021.</b> If the	-					
<b>.</b> .	line 18 is not more than 33 1/3%, che			-		-	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		·····
23202	23 12-09-22		17			Schee	dule A (Form 990) 2022

1

2

3a

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

232024 12-09-22

Schedule A (Form 990) 2022

18

		(Form 990) 2022	AMARILLO AREA FOUNDATION, INC.	75-0978			
Pa	rt IV	Supporting Orga	inizations (continued)				
11 Has the organization accepted a gift or contribution from any of the following persons?							
-	A	aan wha diractly ar indi	reatly controls, either close or together with nerverse described on lines 11h on	a			

TNC

AMARTLLO AREA FOUNDATION

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in </u>Part VI

### Section B. Type I Supporting Organizations

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

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

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions	.).
------------	--	---	---	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

11a

11b

11c

2

Yes No

Yes No

17011102 162110 29060242T1

2022.05000 AMARILLO AREA FOUNDATION, 29060241

19

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 Check here if the current year is the organization's first as a non-functiona	llv integrate	d Type III supporting orga	nization (see

 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, 19

Schedule A (Form 990) 2022

AMARILLO AREA FOUNDATION, INC.

75-0978220 Page 6

Schedule A (Form 990) 2022

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.

instructions).

232026 12-09-22

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

21

### AMARILLO AREA FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is 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		1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able 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				

**Current Year** 

1

Schedule A (Form 990) 2022

17011102 162110 29060242T1

Schedule A (Form 990) 2022

**1** Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

Schedule A (	Form 990) 2022	AMARI	[LLO ]	AREA	FOUNDA	TION,	INC.	75-0978220 Pa	age
	line 1; Part IV, Section A, I	ines 1, 2, 3b, 3c, ion D, lines 2 and	4b, 4c, 5a 3; Part I\	a, 6, 9a, /, Sectioi	9b, 9c, 11a, <sup>-</sup> 1 E, lines 1c,	11b, and 1 <sup>°</sup> 2a, 2b, 3a,	1c; Part IV, Sec and 3b; Part V	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V or any additional information.	, /,
	(See instructions.)			, in c	3 2, 3, and 0.				
32028 12-09-22								Schedule A (Form 990)	) 20:

L0 29060242T1 2022.05000 AMARILLO AREA FOUNDATION, 29060241

SCHEDULE D	)
------------	---

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

# **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.			
	tment of the Treasury	A	ttach to Form 990.		Open to I	
	al Revenue Service		0 for instructions and the latest information.		Inspectio	
Nam	e of the organizati	ON AMARILLO AREA FOUN	ΟΔΨΤΟΝ ΤΝΟ		ridentification 5-097822	
Pa	rt I Organiza		d Funds or Other Similar Funds or Ac			
		n answered "Yes" on Form 990, Part IV, lin			Complete il the	
				<b>b)</b> Funds an	d other accoun	its
1	Total number at er	nd of year	70			368
2		f contributions to (during year)	1,485,739.		19,241	
3		f grants from (during year)	1,715,637.		14,814	-
4		t end of year			113,333	
5			writing that the assets held in donor advised fund		,	/ • = = •
•			exclusive legal control?		X Yes	No
6			dvisors in writing that grant funds can be used or			
•			r donor advisor, or for any other purpose conferri			
	impermissible priv		·	°	X Yes	No
Pa			ganization answered "Yes" on Form 990, Part IV,			
1		servation easements held by the organizati				
		n of land for public use (for example, recrea		rically impo	rtant land area	
		of natural habitat	Preservation of a certi	• •		
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a cor	nservation e	asement on the	ast
	day of the tax year				at the End of the	
а	Total number of co	onservation easements		2a		
b	Total acreage rest			2b		
с	Number of conser		ucture included in (a)	2c		
d		vation easements included in (c) acquired a				
				2d		
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation during	g the tax	
	year					
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?		Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easements	s during the yea	ar
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ements dur	ing the year	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	_i)		
	and section 170(h)				Yes	No No
9			on easements in its revenue and expense statem			
			note to the organization's financial statements that	t describes	the	
De	organization's acc	ounting for conservation easements.	Art Historical Tracquires or Other S		aata	
Fa		•	Art, Historical Treasures, or Other S		Sels.	
		f the organization answered "Yes" on Form		<u> </u>		
1a	•	•	8, not to report in its revenue statement and bala			
			blic exhibition, education, or research in furtheran	ce of public		
	· •		ncial statements that describes these items.	ala ast s	f	
b	•		8, to report in its revenue statement and balance			
			exhibition, education, or research in furtherance	of public se	ervice,	
		ing amounts relating to these items:		*		
-	• •					
2			asures, or other similar assets for financial gain, p	rovide		
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:			

a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

28

\$

\$

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued)         3       Using the organization accussion, and other records, check any of the following that make significant use of its contextual explains and explain how they further the organization's exempt purpose in Part XIII.         b       Shonkary research       d       Loan or exchange program         b       Shonkary research       e       Other         c       Previde acciption of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Diring the year, did the organization's collection?       Yes       No         Part Loaise funder ather than to be maintained as part of the organization answered "Yes" on Form 900, Part X, line 21.       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the following table:       Amount       Intermediation         c       Beginning balance       Amount       Intermediation       Amount       Intermediation         a       If Hower, available the ware that the organization and explain how they further the organization and ware they are state.       Intermediation       Intermediation         c       Beginning balance       Amount       Intermediation       Intermediation       Intermediation         d       Additions during they ser       Intermediation	Sche		O AREA FOU						75-09			ige <b>2</b>
collection items (check all that apply):       d       Loan or exchange program         a       Poble exhibition       d       Loan or exchange program         b       Scholarly research       o       Other	Par	t III   Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, o	r Other	Similar	<sup>r</sup> Assets	(contin	ued)	
a       Public exhibition       d       Can or exchange program         b       Scholary research       0       Other	3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the	following that	t make si	gnificant u	ise of its			
b       Scholary research       e       Other         c       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, dd the organization scolic or receive donators of art, historical treasures, or other similar assets       to be solid to raise hunds rather than to be maintained as part of the organization collection?       Yes       No         Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Intermediate and the organization answered 'Yes' on Form 980, Part X, line 21.         a       Is difficult 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 XII. Chuck here if the organization answered 'Yes' on Form 980, Part X, line 21.       No         b       If Yes' explain the arrangement in Part XII. Chuck here if the organization answered 'Yes' on Form 980, Part X, line 21.       No         b       Other veexinablance       Is Current year		collection items (check all that apply):										
c Preservation for future generations 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, histochail treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization and explain the treatment and as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 15 Is the organization and explain the treatment and as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 15 Is the organization and explain the treatment and and organization for contributions or other assets not included on Form 990, Part X, line 21, lor secret or custodial account liability?  C Both T'ves," explain the arrangement in Part XIII Check here If the explanation has been provided on Part XIII  D bit for year balance  C Beginning balance  (a) Current year (b) Price year (c) Form years back (c) Four years	а	Public exhibition	c	I 🛄 L	oan or exc	change progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21,     the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X,     b if 'Yes,' explain the arrangement in Part XIII and complete the following table:         Celling balance         Celling balance         Distributions during the year         Tell         Distributions         Distrisses         Distributions         Distributions         Distrib	b	Scholarly research	e	• 🗌 c	other							
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 is collection?       No.         Part IV       Escrow and Outstodial 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.       The organization angent, fustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP (see No.         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         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?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       The organization answerd "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       The organization by the organization answerd "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?         2a       Did t	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization accellations = ["Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.           Ta is the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         A set the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         A mount           c         Beginning balance         10         10           d         Additions during the year         10         10           f         Ending balance         10         10           d         Additions during the year         11         10         10           d         Distributions during the year         10         10         10         10           d         Distributions during the year         10 <td>4</td> <td>Provide a description of the organization's c</td> <td>ollections and explair</td> <td>n how the</td> <td>y further tl</td> <td>ne organizatio</td> <td>on's exem</td> <td>npt purpos</td> <td>se in Part</td> <td>XIII.</td> <td></td> <td></td>	4	Provide a description of the organization's c	ollections and explair	n how the	y further tl	ne organizatio	on's exem	npt purpos	se in Part	XIII.		
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, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X (J)       Ves       No         b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>Amount</li> <li>Id</li> <li>To the set of th</li></ul>	5					-	er similar	assets		-		,
reported an amount on Form 990, Part X, line 21.         1a       Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1d         1d       1d       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for serrow or custodial account liability?       Yes       No         bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part Y       Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part IV, line 10.       Image: the organization include an amount on Form 990, Part X, line 21, for service in Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: the organization answered "Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: the organization include an amount on Form 990, Part X, line 21, for service in Form 990, Part IV, line 10.         1a       Beginning of year balance       Image: the organization include an amount on Form 990, Part Y, line 10.         1a       Heginning of year balance       Image:	D.											No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount         d       Additions during the year       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the complete the following table:       Amount       Image: Complete the compl	Par			ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
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       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Additions during the year       1d         d       Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custocial 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 X       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       If the years back (e) Four years back if the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment       Go Torne years back if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Go Torne years back if the organizations is the organization sensore of the organization file to organization sensore of the organization that are held and administered for the organization by:         a       Provide the estimated proemtage of the organization sendowment funds.       Sa(ti)         Bearche e		•										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a								_	7.4		
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         b       I''''es', explain the arrangement in Part XIII. Check here if the organization naws end 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Fant V       End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       (d) Three years back       (e) Four years back       (e) Four years back       (e) Four years back         1b       Chort year balance       (f) Administrative expenditures for facilities       (f) Administrative expenditures for facilit									∟	Yes		No
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 escrew or custodial account liability?       Yes       No         b       If 'ves' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       and programs       and program	d	It "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	DIE:					Amount		
d Additions during the year       1d         e Distributions during the year       1e         1       1         2       Distributions during the year         1       1         2       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 arangement In Part XIII. Check here if the explanation nas wered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         2       Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       Board designated or qquasit-endowment       % <th>_</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>4.</th> <th></th> <th>Amount</th> <th></th> <th></th>	_							4.		Amount		
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         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions	C d											
f       Ending balance	u											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Control year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         6       Control years of challstes       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         7       Administrative expenditures for facilities       (a) Current year end balance (line 1g, column (ai) held as:       a       Board designated or quasi-endowment       %       %       %	f											
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 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Other expenditures for facilities       (a)	2a									Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         and programs       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Board designated or schedules balance       (ine 1g, column (a)) held as:       (a) Corrent year end balance (line 1g, column (a)) held as:       (b) Permanent endowment       %         b Permanent endowment       %       %       (f) Unrelated organization %       (gi) Implement (gi) Imp		-						• • • • • • • • • • • • • • • • • • • •				
1a       Beginning of year balance	_											
b       Contributions			(a) Current year	<b>(b)</b> Pr	ior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years l	back
b       Contributions	1a	Beginning of year balance										
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  %   b Permanent endowment  %   c Term endowment  %   b Permanent funds not in the possession of the organization that are held and administered for the organizations   (i) Unrelated organizations   (ii) Related organizations   d Description of property   (a) Cost or other   b Board year value   (b) Cost or other   b Buildings   c Case or other   b Buildings   c Case or other   b Buildings   c Leasehold improvements   d) Action other   b Buildings   c Leasehold improvements   d) Action other   b Buildings   c Leasehold improvements   d) Action other   b Buildings   c Leasehold improvements   c Action other   b Buildings   c Leasehold improvement	b											
e       Other expenditures for facilities and programs	с											
and programs	d	Grants or scholarships										
f       Administrative expenses	е											
g End of year balance		and programs										
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations	f	Administrative expenses										
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:         (i) Unrelated organizations	g	End of year balance										
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:	2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a	)) held as:						
c       Term endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization set (iii) are the related organization's endowment funds.</li> </ul> <ul> <li>(iii) Cost or other funds.</li> <li>(iii) Cost or other funds.</li></ul>	а	Board designated or quasi-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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Other</li> <li>(f) State (G) Sta</li></ul>	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations is endowment funds.</li> </ul> <ul> <li>(iii) Complete in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(i) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Buildings</li> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Acau</li> <li>(c) Acau</li></ul>	С		-									
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
(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?       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       3b         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 Buildings	3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administer	red for the	e		г	<u>.</u>	
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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         1a       Land		<b>c</b>									Yes	NO
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       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         1a       Land												
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         1a       Land												
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         1a       Land	D									30		
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         1a Land	Par			wment tu	nas.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land				). Part IV.	line 11a. S	See Form 990	). Part X.	line 10.				
basis (investment)         basis (other)         depreciation           1a Land									bd		value	<u> </u>
1a Land		Description of property			.,						value	
b Buildings       363,099.       362,164.       935.         c Leasehold improvements       434,906.       352,643.       82,263.         e Other       134,478.       130,984.       3,494.	1a	Land	· · · · · ·	,		. ,						
c Leasehold improvements       363,099.       362,164.       935.         d Equipment       434,906.       352,643.       82,263.         e Other       134,478.       130,984.       3,494.	-											
d Equipment         434,906.         352,643.         82,263.           e Other         134,478.         130,984.         3,494.					36	3,099.	3	362,10	54.		93	35.
e Other 134,478. 130,984. 3,494.										82		
				X. columi	n (B). line 1	0c.)			1			

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 AMARILLO AR	EA FOUNDATION	, INC.	75-0978220 Page <b>3</b>
Part VII Investments - Other Securities.			· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: 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 <sup>-</sup>	11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio	n: 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"		11d. See Form 990, Part X,	
(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	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, F	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			10 500 000
(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	e 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 he	re if the text of the footnote	e has been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

	dule D (Form 990) 2022 AMARILLO AREA FOUNDATION,		75-0978220 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents 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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t 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.
232054 09-01-22 Schedule D (Form 990) 2022

		(Form	990)	2022
l	 			

Part XIII	Supplemental Information	n (continued)	
232055 09-01-2	22	Schedule D (Form 990	0) 2022

SCHEDULE I			arants and Oth					OME	3 No. 1545-0047
(Form 990)			vernments, an ete if the organization					2	2022
Department of the Treasury		Compi	_	Attach to Form	n 990.			Ope	en to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.			nspection
Name of the organization	AMARILLO A	AREA FOUN	DATION, INC	•				Employer identifi 75-	0978220
Part I General Inform	mation on Grants ar	nd Assistance							
•			amount of the grants		• • • •	J. J			es 🗌 No
2 Describe in Part IV th	ne organization's pro	cedures for monit	oring the use of grant	funds in the United	l States.				
		-	zations and Domestic be duplicated if addition			anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
<b>1 (a)</b> Name and addres or govern	•	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpos or assis	
100 CLUB OF THE TEXA	S PANHANDLE								
P.O. BOX 589									
AMARILLO, TX 79105		20-2768192	501C3	79,182.	0.			CAPITAL SUPPOR	хт
7 STAR THERAPEUTIC R P.O. BOX 50655	IDING CENTER								
AMARILLO, TX 79159		20-0857615	501C3	14,351.	0.			GENERAL SUPPOR	<u></u>
ALEX O'BRIEN TENNIS 1 800 S. MONROE AMARILLO, TX 79101	FOUNDATION	46-4699395	501C3	9,503.	0.			PROGRAM SUPPOR	RT
AMARILLO AREA CASA P.O. BOX 691		75-2560069	E0102	00.120	0.			PROGRAM SUPPOR	
AMARILLO, TX 79105		75-2500009	50105	92,130.	0.			PROGRAM SUPPOR	<u></u>
AMARILLO ART INSTITU 3701 PLAINS BLVD	TE								
AMARILLO, TX 79102		20-1560065	501C3	53,960.	0.			PROGRAM SUPPOR	<u></u>
AMARILLO BOTANICAL GA 1400 STREIT DR.	ARDENS								
AMARILLO, TX 79106		75-0968821	501C3	37,034.	٥.			GENERAL SUPPOR	RT
2 Enter total number of	f section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table			·	·	215.
3 Enter total number of	f other organizations	listed in the line 1	I table						0.
LHA For Paperwork Red	duction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (F	orm 990) 2022

		DATION, INC					75-0978220 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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	50103	167,154.	0.			GENERAL SUPPORT
AMARIDDO, IX /9109	75 0000000	50105	107,134.	0.			SENERAL SOFFORT
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							
MARILLO, 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	75 1152010	501.02	140.051				
AMARILLO, TX 79105	75-1153018	20103	148,954.	0.			GENERAL SUPPORT
AMARILLO WESLEY COMMUNITY CENTER 1615 S. ROBERTS							
	51_0158641	50103	30 810	0.			CENEDAL SUDDOD
AMARILLO, TX 79102	51-0158641	20103	30,848.	U.			GENERAL SUPPORT

organization or governmentif applicablecash grantoncash assistancevaluation assistancenon-cash assistanceor assistanceMMARILLO YOUTH CHOIRS INC P.O. BOX 942175-2507750501C340,000.0.Image: Control of the second s			DATION, INC					75-0978220 Pag
organization or government     If applicable     cash grant     Inoncash assistance     If walkation (walkation assistance     If walkation (walkation assistance     If walkation (walkation (walkation)       MARILLO YOUTH CHOIRS INC (0.0 05 4241)     75-2507750     501C3     40,000.     0.     DENERAL SUPPORT       MARILLO, TX 79109     75-2507750     501C3     40,000.     0.     DENERAL SUPPORT       MARILLO, TX 79118     75-1311215     501C3     12,321.     0.     DENERAL SUPPORT       NOTHER CHARCE BOUGE INC (03 8. JACKSON MARILLO, TX 79101     75-2233200     501C3     117,912.     0.     DENERAL SUPPORT       WIGHT NEWTER FOR GRIEF AND LOSS 413 GREENLAWS PRVT UISTIN CENTRE FOR GRIEF AND LOSS 413 GREENLAWS PRVT UISTIN (TX 79101     75-2203200     501C3     10,000.     0.     PROGRAM SUPPORT       USTIN CHILD GUIDANCE CENTER 10 M, 457H 8T.     74-1166783     501C3     10,000.     0.     DENERAL SUPPORT       MARILLO, TX 79101     75-2206266     501C3     241,653.     0.     DENERAL SUPPORT       MARILLO, TX 79101     75-2206266     501C3     241,653.     0.     DENERAL SUPPORT       MARILLO, TX 79101     75-2206266     501C3     241,653.     0.     DENERAL SUPPORT       MARILLO, TX 79101     75-2206266     501C3     241,653.     0.     DENERAL SUPPORT       MAR	Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	s and Domestic Go	overnments (Sche	edule I (Form 990), Pa	art II.)	
P.O. BOX 9421       75-250775       501C3       40,000.       0.       BENERAL SUPPORT         WARTLLO, YX 79109       75-2507750       501C3       40,000.       0.       BENERAL SUPPORT         WARTLLO FANHANDLE HUMANE SOCIETY       75-1311215       501C3       12,321.       0.       BENERAL SUPPORT         WARTLLO, YX 79110       75-2233200       501C3       117,912.       0.       SENERAL SUPPORT         NOTHER CHANCE HOUSE INC       75-2233200       501C3       117,912.       0.       SENERAL SUPPORT         NUSTIN CENTRE FOR GRIEFF AND LOSS       75-2233200       501C3       10,000.       0.       SENERAL SUPPORT         NUSTIN CENTRE FOR GRIEFF AND LOSS       26-0300371       501C3       10,000.       0.       SENERAL SUPPORT         NUSTIN CHILD GUIDANCE CENTER       74-1166783       501C3       10,000.       0.       SENERAL SUPPORT         NUSTIN CHILD GUIDANCE CENTER       75-2206266       501C3       241,653.       0.       SENERAL SUPPORT         NUSTIN CHILD GUIDANCE CENTER       75-2206266       501C3       241,653.       0.       SENERAL SUPPORT         NARTLLO, TX 79101       75-2206266       501C3       241,653.       0.       SENERAL SUPPORT         SARRIO NEIGHBORHOOD FLANING       83-22		<b>(b)</b> EIN			noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
P.O. BOX 9421 MARILLO, TX 79109     75-2507750     501C3     40,000.     0.     BENERAL SUPPORT       MARILLO FANHANDLE HUMANE SOCIETY 13400 5. BELL 57. MARILLO FANHANDLE HUMANE SOCIETY 13400 5. BELL 57. MARILLO, TX 79110     75-1311215     501C3     12,321.     0.     BENERAL SUPPORT       NOTHER CHANCE HOUSE INC 109 5. JACKSON MARILLO, TX 79101     75-2233200     501C3     117,912.     0.     BENERAL SUPPORT       NUSTIN CENTER FOR GRIEF AND LOSS 4113 GENERIAM FKWY UISTIN CHITZE FOR GRIEF AND LOSS 113 GENERIAM FKWY UISTIN TX 78757     26-0300371     501C3     10,000.     0.     BENERAL SUPPORT       NUSTIN CHITZE FOR GRIEF AND LOSS 413 GENERIAM FKWY UISTIN CHILD GUIDANCE CENTER 10 %. 457H ST. UISTIN CHILD GUIDANCE CENTER 10 %. 457H ST. UISTIN TX 78751     74-1166783     501C3     10,000.     0.     BENERAL SUPPORT       NUSTIN CHILD GUIDANCE CENTER 10 %. 457H ST. UISTIN TX 78751     74-1166783     501C3     10,000.     0.     BENERAL SUPPORT       NUSTIN CHILD GUIDANCE CENTER 10 FALSE MARILLO, TX 79101     75-2206266     501C3     241,653.     0.     BENERAL SUPPORT       SARTIO NEIGHEORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - MARILLO, TX 79120     83-2208675     501C3     9,526.     0.     CAPITAL SUPPORT       SAREKEMEIDE VILLAGE OF TYLER     75-1433917     501C3     34,564.     0.     EENERAL SUPPORT	MADILLO VOUTUL CHOIDS INC							
MARILLO, TX 79109       75 - 2507750       501C3       40,000.       0.       DENERAL SUPPORT         MARILLO FANHANDLE HUMANE SOCIETY 13400 5. DELL ST. MARILLO, TX 79118       75 - 1311215       501C3       12,321.       0.       DENERAL SUPPORT         MARILLO, TX 79118       75 - 1311215       501C3       12,321.       0.       DENERAL SUPPORT         NOOTHER CHANCE HOUSE INC 109 S. JACKSON       75 - 2233200       501C3       117,912.       0.       DENERAL SUPPORT         MARILLO, TX 79101       75 - 2233200       501C3       10,000.       0.       PROGRAM SUPPORT         MUSTIN CENTER FOR GRIEF AND LOSS 2413 GREENLAWN PKWY MUSTIN, TX 78757       26 - 0300371       501C3       10,000.       0.       PROGRAM SUPPORT         MUSTIN CENTER FOR GRIEF AND LOSS 2413 GREENLAWN PKWY MUSTIN, TX 78751       74 - 1166783       501C3       10,000.       0.       PROGRAM SUPPORT         MUSTIN CHILD GUIDANCE CENTER 1010 W. 457H ST.       74 - 1166783       501C3       10,000.       0.       DENERAL SUPPORT         MARILLO, TX 78101       75 - 2206266       501C3       241,653.       0.       DENERAL SUPPORT         MARILLO, TX 79101       83 - 2208675       501C3       9,526.       0.       CAPITAL SUPPORT         MARILLO, TX 79120       83 - 2208675       501C3       <								
MARILLO PANHANDLE EUMANE SOCIETY 13400 S. BELL ST. MARILLO, TX 79118 NOTHER CHANCE HOUSE INC 209 S. JACKSON MARILLO, TX 79101 T5-2233200 501C3 117,912. 0. SENERAL SUPPORT NUSTIN CENTER FOR GRIEF AND LOSS 1413 GREENLAWN FRWY UUSTIN, TX 78757 26-0300371 501C3 10,000. 0. FROGRAM SUPPORT NUSTIN CHILD GUIDANCE CENTER 10, 45TH ST. UUSTIN, TX 78751 74-1166783 501C3 10,000. 0. SENERAL SUPPORT NUSTIN CHILD GUIDANCE CENTER 10, 45TH ST. UUSTIN, TX 78751 74-1166783 501C3 10,000. 0. SENERAL SUPPORT SENERAL SUP		75-2507750	50103	40 000	0			GENERAL SUPPORT
13400 S. BELL ST. MARRILLO, TX 7911875-1311215501C312,321.0.DENERAL SUPPORTNOTHER CHANCE HOUSE INC 109 S. JACKSON MARILLO, TX 7910175-2233200501C3117,912.0.SENERAL SUPPORTNUSTIN CENTER FOR GRIEF AND LOSS ALI3 GREENLAWN PKWY NUSTIN, TX 7875726-0300371501C310,000.0.PROGRAM SUPPORTNUSTIN CHILD GUIDANCE CENTER 310 W. 45TH ST. NUSTIN, TX 7875174-1166783501C310,000.0.SENERAL SUPPORTSAPTIST COMMUNITY SERVICES 101 PAK PLACE MARRILLO, TX 7910175-2206268501C3241,653.0.SENERAL SUPPORTARRIO NEIGHBORHOOD PLANNING OWNTTTEE - PO, DEX 33471 - MARRILLO, TX 7912083-2208675501C3241,653.0.SENERAL SUPPORTAIG BROCHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.SENERAL SUPPORTSRECKENRIDGE VILLAGE OF TYLER75-1433917501C334,564.0.SENERAL SUPPORT		15 2507750	50105	40,000.	••			
13400 S. BELL ST. MARRILLO, TX 7911875-1311215501C312,321.0.SENERAL SUPPORTNOTHER CHANCE HOUSE INC 100 S. JACKSON MARRILLO, TX 7910175-2233200501C3117,912.0.SENERAL SUPPORTNUSTIN CENTER FOR GRIEF AND LOSS AUISTIN CENTER FOR GRIEF AND LOSS AUISTIN, TX 7875726-0300371501C310,000.0.PROGRAM SUPPORTNUSTIN CENTER FOR GRIEF AND LOSS AUISTIN, TX 7875726-0300371501C310,000.0.PROGRAM SUPPORTNUSTIN CHILD GUIDANCE CENTER B10 W. 45TH ST. NUSTIN, TX 7875174-1166783501C310,000.0.SENERAL SUPPORTNUSTIN CHILD GUIDANCE CENTER B10 W. 45TH ST. NUSTIN, TX 7875174-1166783501C310,000.0.SENERAL SUPPORTNUSTIN CHILD GUIDANCE CENTER B10 W. 45TH ST. NUSTIN CHILD GUIDANCE CENTER B10 W. 45TH ST. NUSTIN TX 7875174-1166783501C310,000.0.SENERAL SUPPORTNARRIO NEIGHBORHOOD PLANNING SOUMTTYE E P.O. BOX 33471 - MARRILLO, TX 7912075-2206268501C3241,653.0.SENERAL SUPPORTNIG BROGHTERS BIG SISTERS OF HEREFORD, TX 7904575-1433917501C334,564.0.SENERAL SUPPORT <td>MARTILO PANHANDLE HUMANE SOCTETY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	MARTILO PANHANDLE HUMANE SOCTETY							
MARILLO, TX 79118       75-131215       501C3       12,321.       0.       DENERAL SUPPORT         NOTHER CHANCE HOUSE INC       75-2233200       501C3       117,912.       0.       SENERAL SUPPORT         NUMARILLO, TX 79101       75-2233200       501C3       117,912.       0.       SENERAL SUPPORT         NUSTIN CENTER FOR GRIEF AND LOSS       26-0300371       501C3       10,000.       0.       PROGRAM SUPPORT         NUSTIN CENTER FOR GRIEF AND LOSS       26-0300371       501C3       10,000.       0.       PROGRAM SUPPORT         NUSTIN CENTER FOR GRIEF AND LOSS       26-0300371       501C3       10,000.       0.       PROGRAM SUPPORT         NUSTIN CHILD GUIDANCE CENTER       26-0300371       501C3       10,000.       0.       SENERAL SUPPORT         NUSTIN, TX 78751       74-1166783       501C3       10,000.       0.       SENERAL SUPPORT         NARTILLO, TX 79101       75-2206268       501C3       241,653.       0.       SENERAL SUPPORT         NARTILLO, TX 79120       83-2208675       501C3       9,526.       0.       SENERAL SUPPORT         NIG BROGHTERS BIG SISTERS OF IEREFORD - 244 MAIN - HEREFORD, TX 19045       75-1433917       501C3       34,564.       0.       SENERAL SUPPORT         NIG BROGHTERS BI								
NNOTHER CHANCE HOUSE INC NOTHER CHANCE HOUSE INC NOTHER CHANCE HOUSE INC NUMBERILLO, TX 79101 75-2233200 501C3 117,912. 0. SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SUSTIN CHILD GUIDANCE CENTER 10 W. 45TH ST. SUSTIN CHILD GUIDANCE CENTER 10 W. 45TH ST. SUSTIN CHILD GUIDANCE CENTER 10 W. 45TH ST. SENERAL SUPPORT SAPTIST COMMUNITY SERVICES 10 PARK PLACE MARILLO, TX 79101 75-2206266 501C3 241,653. 0. SENERAL SUPPORT SARRIO NEIGHBORHOOD PLANNING SOMMITTEE - P.O. BOX 33471 - MARILLO, TX 79120 83-2208675 501C3 9,526. 0. SENERAL SUPPORT SIG BROGHTERS BIG SISTERS OF SENERAL SUPPORT SENERAL		75-1311215	50103	12 321	0			GENERAL SUPPORT
209 S. JACKSON MMARILLO, TX 7910175-2233200501C3117,912.0.SENERAL SUPPORTAUSTIN CENTER FOR GRIEF AND LOSS 2413 GREENLAWN PKWY AUSTIN, TX 7875726-0300371501C310,000.0.PROGRAM SUPPORTAUSTIN CHILD GUIDANCE CENTER 810 W. 45TH ST. AUSTIN, TX 7875174-1166783501C310,000.0.SENERAL SUPPORTAUSTIN, TX 7875174-1166783501C310,000.0.SENERAL SUPPORTBAPTIST COMMUNITY SERVICES 701 PARK PLACE MARILLO, TX 7910175-2206268501C3241,653.0.SENERAL SUPPORTBARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - MARILLO, TX 7912083-2208675501C39,526.0.CAPITAL SUPPORTBIG BROGHTERS BIG SISTERS OF HERRFORD - 244 MAIN - HEREFORD, TX 75-143391775-1433917501C334,564.0.SENERAL SUPPORTBRECKENRIDGE VILLAGE OF TYLERImage: Commitment of the seneral supportSeneral supportSeneral support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12,521.				
209 S. JACKSON MMARILLO, TX 7910175-2233200501C3117,912.0.SENERAL SUPPORTAUSTIN CENTER FOR GRIEF AND LOSS 2413 GREENLAAM FKWY AUSTIN, TX 7875726-0300371501C310,000.0.PROGRAM SUPPORTAUSTIN CHILD GUIDANCE CENTER 810 W. 45TH ST. AUSTIN, TX 7875126-0300371501C310,000.0.PROGRAM SUPPORTBAPTIST COMMUNITY SERVICES 701 FARF FLACE AMARILLO, TX 7910174-1166783501C310,000.0.SENERAL SUPPORTBARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O., BOX 33471 - MARILLO, TX 7912075-2206268501C3241,653.0.GENERAL SUPPORTBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.SENERAL SUPPORT	ANOTHER CHANCE HOUSE INC							
MARILLO, TX 7910175-2233200 \$01C3117,912.0.SENERAL SUPPORTAUSTIN CENTER FOR GRIEF AND LOSS 2413 GREENLAWN PKWY AUSTIN, TX 7875726-0300371 501C310,000.0.PROGRAM SUPPORTAUSTIN CHILD GUIDANCE CENTER 310 W. 45TH ST. AUSTIN, TX 7875174-1166783 501C310,000.0.SENERAL SUPPORTAUSTIN, TX 7875174-1166783 501C310,000.0.SENERAL SUPPORTANTIN, TX 7875174-1166783 501C310,000.0.SENERAL SUPPORTAAPTIST COMMUNITY SERVICES 701 PARK PLACE MARILLO, TX 7910175-2206268 501C3241,653.0.SENERAL SUPPORTSARRIO NEIGHBORHOOD PLANNING 200MITTEE - P.O. BOX 33471 - MARILLO, TX 7912083-2208675 501C39,526.0.CAPITAL SUPPORTSIG EROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917 501C334,564.0.SENERAL SUPPORTSRECKENRIDGE VILLAGE OF TYLER75-1433917 501C334,564.0.SENERAL 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 310 W. 45TH ST. AUSTIN, TX 78751 74-1166783 501C3 10,000. 0. GENERAL SUPPORT 3APTIST COMMUNITY SERVICES 701 PARK PLACE MARILO, TX 79101 75-2206268 501C3 241,653. 0. GENERAL SUPPORT 3ARRIO NEIGHBORHOOD PLANNING COMMITEE - P.O. BOX 33471 - MARILLO, TX 79120 83-2208675 501C3 9,526. 0. CAPITAL SUPPORT 3IG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 75-1433917 501C3 34,564. 0. GENERAL SUPPORT		75-2233200	50103	117 912	0			GENERAL SUPPORT
24.13 GREENLAWN PKWY JUSTIN, TX 7875726-0300371501C310,000.0.PROGRAM SUPPORTJUSTIN CHILD GUIDANCE CENTER 100 w. 45TH ST. AUSTIN, TX 7875174-1166783501C310,000.0.GENERAL SUPPORTSAPTIST COMMUNITY SERVICES 701 PARK PLACE MARILLO, TX 7910175-2206268501C3241,653.0.GENERAL SUPPORTSARRIO NEIGHBORHOOD PLANNING YOMMITTEE - P.O. BOX 33471 - MARILLO, TX 7912083-2208675501C39,526.0.CAPITAL SUPPORTSIG EROGHTERS DIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.GENERAL SUPPORT		,5 1155100						
2413 GREENLAWN PKWY AUSTIN, TX 7875726-0300371501C310,000.0.PROGRAM SUPPORTAUSTIN CHILD GUIDANCE CENTER 310 w. 45TH ST. AUSTIN, TX 7875174-1166783501C310,000.0.GENERAL SUPPORT304 TI N, TX 7875174-1166783501C310,000.0.GENERAL SUPPORT304 TI SERVICES 701 PARK FLACE MARILLO, TX 7910175-2206268501C3241,653.0.GENERAL SUPPORT304 RFIG NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - MARILLO, TX 7912083-2208675501C39,526.0.CAPITAL SUPPORT31G BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.GENERAL SUPPORT3RECKENRIDGE VILLAGE OF TYLERImage: Community of the sector of the sec	AUSTIN CENTER FOR GRIEF AND LOSS							
AUSTIN, TX 78757 26-0300371 501C3 10,000. 0. PROGRAM SUPPORT AUSTIN CHILD GUIDANCE CENTER 310 W. 45TH ST. AUSTIN, TX 78751 74-1166783 501C3 10,000. 0. SENERAL SUPPORT 3APTIST COMMUNITY SERVICES 701 PARK PLACE MMARILLO, TX 79101 75-220626 501C3 241,653. 0. SENERAL SUPPORT 3ARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - MARILLO, TX 79120 83-2208675 501C3 9,526. 0. CAPITAL SUPPORT BIG EROCHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 75-1433917 501C3 34,564. 0. SENERAL SUPPORT BRECKENRIDGE VILLAGE OF TYLER								
AUSTIN CHILD GUIDANCE CENTER B10 W. 45TH ST. AUSTIN, TX 78751 74-1166783 501C3 10,000. 0. BAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 79101 75-2206268 501C3 241,653. 0. BBARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - AMARILLO, TX 79120 83-2208675 501C3 9,526. 0. BIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 75-1433917 501C3 34,564. 0. BRECKENRIDGE VILLAGE OF TYLER		26-0300371	501C3	10 000.	0.			PROGRAM SUPPORT
810 W. 45TH ST. AUSTIN, TX 7875174-1166783 501C310,000.0.SENERAL SUPPORTBAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 7910175-2206268 501C3241,653.0.SENERAL SUPPORTBARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - AMARILLO, TX 7912075-2206268 501C39,526.0.CAPITAL SUPPORTBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917 501C334,564.0.SENERAL SUPPORT				,				
810 W. 45TH ST. AUSTIN, TX 7875174-1166783 501C310,000.0.SENERAL SUPPORTBAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 7910175-2206268 501C3241,653.0.SENERAL SUPPORTBARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - AMARILLO, TX 7912075-2206268 501C39,526.0.CAPITAL SUPPORTBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917 501C334,564.0.SENERAL SUPPORT	AUSTIN CHILD GUIDANCE CENTER							
AUSTIN, TX 78751 74-1166783 501C3 10,000. 0. SENERAL SUPPORT BAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 79101 75-220626 501C3 241,653. 0. SENERAL 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. SENERAL SUPPORT								
BAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 79101 75-2206268 501C3 241,653. 0. BARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - AMARILLO, TX 79120 83-2208675 501C3 9,526. 0. BIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 75045 75-1433917 501C3 34,564. 0. BRECKENRIDGE VILLAGE OF TYLER		74-1166783	501C3	10 000.	0.			GENERAL SUPPORT
V01 PARK PLACE75-2206268501C3241,653.0.Eneral supportMARILLO, TX 7910175-2206268501C3241,653.0.0.Eneral supportBARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - MARILLO, TX 7912083-2208675501C39,526.0.CAPITAL SUPPORTBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.Eneral supportBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.Eneral supportBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.Eneral support								
701 PARK PLACE AMARILLO, TX 7910175-2206268501C3241,653.0.ENERAL SUPPORTBARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - AMARILLO, TX 7912083-2208675501C39,526.0.CAPITAL SUPPORTBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.ENERAL SUPPORTBRECKENRIDGE VILLAGE OF TYLERImage: Support of the support of th	BAPTIST COMMUNITY SERVICES							
MARILLO, TX 7910175-2206268501C3241,653.0.GENERAL SUPPORTBARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - MARILLO, TX 7912083-2208675501C39,526.0.CAPITAL SUPPORTBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.GENERAL SUPPORTBRECKENRIDGE VILLAGE OF TYLERImage: Communication of the support of								
BARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - MARILLO, 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		75-2206268	501C3	241 653.	0.			GENERAL SUPPORT
COMMITTEE - P.O. BOX 33471 - MARILLO, 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. CENERAL SUPPORT BRECKENRIDGE VILLAGE OF TYLER	,,			,				
COMMITTEE - P.O. BOX 33471 - MARILLO, TX 7912083-2208675501C39,526.0.CAPITAL SUPPORTBIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 7904575-1433917501C334,564.0.Eneral supportBRECKENRIDGE VILLAGE OF TYLERImage: Communication of the support of the	BARRIO NEIGHBORHOOD PLANNING							
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. CAPITAL SUPPORT BRECKENRIDGE VILLAGE OF TYLER								
BIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 79045 75-1433917 501C3 34,564. 0. GENERAL SUPPORT BRECKENRIDGE VILLAGE OF TYLER		83-2208675	501C3	9 526	0			CAPITAL SUPPORT
IEREFORD - 244 MAIN - HEREFORD, TX     75-1433917     501C3     34,564.     0.     GENERAL SUPPORT       BRECKENRIDGE VILLAGE OF TYLER     Image: Constraint of the second seco				- ,				
HEREFORD - 244 MAIN - HEREFORD, TX 79045 75-1433917 501C3 34,564. 0. GENERAL SUPPORT	SIG BROGHTERS BIG SISTERS OF							
79045         75-1433917         501C3         34,564.         0.         GENERAL SUPPORT           BRECKENRIDGE VILLAGE OF TYLER                        GENERAL SUPPORT								
BRECKENRIDGE VILLAGE OF TYLER		75-1433917	501C3	34 564	n			GENERAL SUPPORT
		,5 1455517		51,501.				
	RECKENRIDGE VILLAGE OF TYLER							
	L5062 CR 1145							
TYLER, TX 75704 74-2833616 501C3 15,000. 0. PROGRAM SUPPORT		74-2833616	50103	15 000	_			PROCRAM SUPPORT

		DATION, INC					75-0978220 <sub>Ра</sub>
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Doi (b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(Scher (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 00 NORTH PEARL ST. DALLAS, TX 75201	75-2571395	50103	26,000.	0.			PROGRAM SUPPORT
BY EXAMPLE MISSIONS DBA KIND HOUSE JKRAINE BAKERY - 2100 SW 60TH AVE	82-3197054		13,311.	0.			GENERAL SUPPORT
- AMARILLO, TX 79118 CACTUS NAZARENE MINISTRY CENTER PO BOX 990							
CACTUS, TX 79013 CAL FARLEY'S BOYS RANCH P O BOX 1890 AMARILLO, TX 79174	46-3670736 75-0808768		146,382.	0.			GENERAL SUPPORT 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) AMARILLO AREA FOUNDATION, INC.

PO BOX 129

CITY OF PANHANDLE

PANHANDLE, TX 79068

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pai I	t II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> 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	50103	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	50103	6,668.	0.			GENERAL SUPPORT
	07-4270451	50105	0,000.	0.			GENERAL SOFFORI
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.	٥.			PROGRAM SUPPORT

PROGRAM SUPPORT

76,800.

Ο.

75-6000634 GOVERNMENT

75-0978220 Page 1

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

DALHART, TX 79022

ASSOCIATION - 610 DENROCK AVE. -

75-2555673 501C3

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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							

Schedule I (Form 990)

GENERAL SUPPORT

Page 1

94,242.

Ο.

		DATION, INC					75-0978220 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALLAM-HARTLEY COUNTIES HEALTHCARE	33-1012246	50102	50 515	0.			GENERAL SUPPORT
DALHART, TX 79022 DALLAM-HARTLEY COUNTIES HISTORICAL ASSOCIATION - PO BOX 730 -	55-1012240	50103	58,515.				GENERAL SUFFORT
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 508 W HALSELL ST DIMMITT, TX 79027	75-6001321	COVERNMENT	18,505.	0.			PROGRAM SUPPORT
DON HARRINGTON DISCOVERY CENTER							
MARILLO, TX 79106	75-1330735	501C3	238,939.	0.			GENERAL SUPPORT
OONLEY COUNTY SENIOR CITIZENS O DRAWER B	75-1526662	50102	15.000				PROPAR SUPPORT
CLARENDON, TX 79226 DOVE CREEK EQUINE RESCUE PO BOX 8400	12-122002	20162	15,000.	0.			PROGRAM SUPPORT
MARILLO, TX 79114	45-4668951	501C3	79,568.	0.			GENERAL SUPPORT
NOWNTOWN WOMEN'S CENTER							
MARILLO, TX 79101	20-0296282	501C3	120,646.	0.			PROGRAM SUPPORT
UMAS AREA CRISIS PREGNANCY CENTER O BOX 391							
UMAS, TX 79029	75-2760977	501C3	5,973.	Ο.			GENERAL SUPPORT

Schedule I (Form 990)       AMARILLO AREA FOUNDATION, INC.         Part II       Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							75-0978220 Ра	
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ASTRIDGE MISSION CENTER								
309 JAMESON RD								
MARILLO, TX 79106	82-5422434	501C3	54,384.	0.			GENERAL SUPPORT	
EDUCATION FOUNDATION OF CANYON ISD								
O BOX 899								
CANYON, TX 79015	75-2848641	501C3	37,964.	0.			PROGRAM SUPPORT	
EVELINE'S SUNSHINE COTTAGE								
PO BOX 50974								
MARILLO, TX 79159	75-3007093	501C3	97,504.	0.			GENERAL SUPPORT	
AITH CITY MISSION								
O BOX 870								
MARILLO, TX 79105	75-6029995	501C3	234,000.	٥.			GENERAL SUPPORT	
FAMILY CARE FOUNDATION								
PO BOX 15203								
AMARILLO, TX 79105	75-0109845	50103	63,394.	0.			GENERAL SUPPORT	
	/5 0105045	50105	03,354.				SEMERAL SUFFORT	
FAMILY SUPPORT SERVICES								
001 S. POLK								
MARILLO, TX 79101	75-0800642	501C3	234,118.	0.			PROGRAM SUPPORT	
IRST BAPTIST CHURCH OF AMARILLO								
.300 S. TYLER	75-0950110	50102	10 000	_				
MARILLO, TX 79101	75-0950110	20102	10,000.	0.			CAPITAL SUPPORT	
IRST PRESBYTERIAN CHURCH OF								
MARILLO - 1100 S. HARRISON ST								
MARILLO, TX 79101	75-0808783	501C3	25,000.	0.			GENERAL SUPPORT	
IRST PRESBYTERIAN CHURCH OF								
SORGER - 418 W COOLIDGE ST -								
	75-000007	50103	E0 000	^				
BORGER, TX 79007	75-0808827	20102	50,000.	0.		1	GENERAL SUPPORT	

#### AMARILLO AREA FOUNDATION, INC. 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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

75-0978220 Page 1

		DATION, INC					75-0978220 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAT PLAINS CASA FOR KIDS							
PO BOX 1306							
IEREFORD, TX 79045	86-1072436	50103	69,781.	0.			GENERAL SUPPORT
IEREFORD, IX 79045	00-10/2450	50105	05,701.	0.			GENERAL SUFFORI
GRUVER FARM SCHOLARSHIP FOUNDATION							
PO BOX 650							
GRUVER, TX 79040	37-1664273	50103	495,729.	0.			STUDENT AID
ROVER, 1X 73040	57-1004275	50105	495,729.	0.			STODENT AID
GUYON SAUNDERS RESOURCE CENTER							
200 S TYLER ST							
	75-2614211	E0102	147,233.	0.			GENERAL SUPPORT
MARILLO, TX 79101	75-2614211	50103	147,233.	0.			GENERAL SUPPORT
HANDS ON AMARILLO							
20 BOX 2783							
AMARILLO, TX 79105	47-2029120	50103	9,410.	0.			GENERAL SUPPORT
MARILLO, IX 79105	47-2029120	50105	5,410.	0.			GENERAL SUFFORI
HANSFORD COUNTY LIBRARY							
122 MAIN STREET							
SPEARMAN, TX 79081	75-6036759	50103	10,797.	0.			GENERAL SUPPORT
ARRINGTON CANCER AND HEALTH	75-0050755	50105	10,737.	0.			GENERAL SUFFORI
FOUNDATION - 500 S.TAYLOR, SUITE							
.060 UNIT #223 - AMARILLO, TX	75 1570415	501.02	26.215	0			
9101	75-1578415	50103	26,215.	0.			GENERAL SUPPORT
HEAL THE CITY FREE CLINIC							
PO BOX 2556		E0102	200 510	_			DDOGDAN GUDDODD
MARILLO, TX 79105	46-5694050	50103	300,518.	0.			PROGRAM SUPPORT
TENDUTTI CONNEY LOCOTENT DIGEDICE							
IEMPHILL COUNTY HOSPITAL DISTRICT							
.020 4TH ST		COVEDNMENT	101 000	_			DDOGDAN GUDDODD
CANADIAN, TX 79014	45-5080560	GOVERNMEN'I'	121,028.	0.			PROGRAM SUPPORT
EDEEODD CENTOD CITETENC							
EREFORD SENIOR CITIZENS							
ASSOCIATION - PO BOX 270 -	E1 0157041	E0102	10.000	_			DDOGDAN GUDDODD
HEREFORD, TX 79045	51-0157241	50163	10,000.	٥.			PROGRAM SUPPORT

### AMARILLO AREA FOUNDATION, INC.

Schedule I (Form 990) AMARILLO		75-0978220 Page					
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIDDEN FALLS RANCH							
• O BOX 136							
NAYSIDE, TX 79094	75-6030869	501C3	27,736.	0.			GENERAL SUPPORT
HIGH PLAINS FOOD BANK							
PO BOX 31803							
MARILLO, TX 79120	75-1838348	501C3	362,168.	٥.			GENERAL SUPPORT
HIGH PLAINS RETREAT CENTER							
PO BOX 7709							
MARILLO, TX 79114	27-1626983	501C3	39,964.	Ο.			GENERAL SUPPORT
			,				
IILLSIDE CHRISTIAN CHURCH -							
MARILLO WEST - PO BOX 7807 -							
MARILLO, TX 79114	75-1161743	501C3	25,000.	0.			GENERAL SUPPORT
HOLY FAMILY PARISH							
PO BOX 100	75-1582322	F0102	16 590	0.			DDOCDAM CUDDODM
IAZARETH, TX 79063	75-1562522	50103	16,580.	υ.			PROGRAM SUPPORT
HOODOO ART FOUNDATION							
11 S FILLMORE ST							
MARILLO, TX 79101	86-2785808	501C3	71,378.	Ο.			PROGRAM SUPPORT
IOOVER VOLUNTEER FIRE DEPARTMENT							
PO BOX 820							
AMPA, TX 79066	75-2453362	501C3	20,000.	0.			CAPITAL SUPPORT
THE HOPE AND HEALING PLACE							
721 S TYLER							
MARILLO, TX 79102	74-3079848	501C3	56,612.	0.			GENERAL SUPPORT
IOPE CHOICE, INC.							
O BOX 50342							
MARILLO, TX 79159	75-2195169	501C3	77,003.	Ο.			GENERAL SUPPORT

### Schedule | (Form 990) AMARILLO AREA FOUNDATION, INC.

75-0978220 Page 1

		DATION, INC					5-0978220 Pag
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (⊢orm 990), Pa I	π II.) 	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.	٥.			GENERAL SUPPORT

### AMARILLO AREA FOUNDATION, INC.

		DATION, INC					5-0978220 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CHALLENGE OF AMARILLO							
5500 HOPE RD							
AMARILLO, TX 79119	75-1836322	501C3	155,389.	٥.			GENERAL SUPPORT
LIONS HIGH PLAINS EYEGLASS PROGRAM							
PO BOX 2792	75-2304528	50102	10.000	0			PROGRAM SUPPORT
AMARILLO, TX 79105	75-2304528	50103	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
NARTROAD WILLAGE CONSUMPTING LAND							
MARIPOSA VILLAGE COMMUNITY LAND							
TRUST – PO BOX 1230 – AMARILLO, TX 79105	46-6992999	50103	5,761.	0.			GENERAL SUPPORT
79105	40-0992999	50105	5,761.	υ.			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
WANTEDICK BONG AND CIDIC CLUD OF							
MAVERICK BOYS AND GIRLS CLUB OF							
AMARILLO - 1923 S. LINCOLN -	75-0808760	50103	152,396.	0.			PROGRAM SUPPORT
AMARILLO, TX 79109	73-0000700	20103	122,396.	0.			FROGRAM BUFFORT
ACMURRY UNIVERSITY							
CAMPUS BOX 938							
ABILENE, TX 76967	75-0855633	501C3	10,000.	0.			STUDENT AID

### AMARILLO AREA FOUNDATION, INC.

Schedule I (Form 990) AMARILLO		75-0978220 Ра					
Part II Continuation of Grants and Other		-		vernments (Sche			
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISSION 2540							
O BOX 20771							
MARILLO, TX 79114	20-1919092	501C3	62,893.	0.			GENERAL SUPPORT
ISSION AMARILLO							
508 LINE AVE							
MARILLO, TX 79106	27-4201383	501C3	67,626.	0.			GENERAL SUPPORT
OORE COUNTY HEALTH FOUNDATION O BOX 782							
DUMAS, TX 79029	75-2687992	501C3	22,929.	0.			GENERAL SUPPORT
ORE CHURCH							
0 BOX 51465							
MARILLO, TX 79159	75-2877390	501C3	18,006.	Ο.			GENERAL SUPPORT
USEUM OF THE PLAINS							
200 N. MAIN							
ERRYTON, TX 79070	75-1497022	501C3	29,581.	0.			GENERAL SUPPORT
O BOUNDARIES INTERNATIONAL							
04 N GRAND ST							
MARILLO, TX 79107	87-0777471	501C3	19,809.	0.			GENERAL SUPPORT
ORTHSIDE TOY DRIVE							
MARILLO NATIONAL BANK P.O. BOX 1							
MARILLO, TX 79105	82-5172080	501C3	33,533.	0.			PROGRAM SUPPORT
CHILTREE COUNTY SENIOR CITIZEN							
SSOCIATION - PO BOX 738 -							
ERRYTON, TX 79070	75-1825010	501C3	46,278.	0.			GENERAL SUPPORT
,			, , , , , , , , , , , , , , , , , , , ,				
GALLALA COMMONS							
D BOX 346							
AZARETH, TX 79063	33-1144011	501C3	100,428.	0.			GENERAL SUPPORT

### Schedule | (Form 990) AMARILLO AREA FOUNDATION, INC.

75-0978220 Page 1

	Chedule I (Form 990)       AMARILLO AREA FOUNDATION, INC.       75-0978220       Page 1         Part II       Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)       75-0978220       Page 1									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
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	50103	12,820.	0.			GENERAL SUPPORT			
	03 03 33 31 0	50105	12,020.							
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	27-3600097	E0102	201 025	0.			GENERAL SUPPORT			
PAMPA, TX 79066	27-3600097	50103	291,035.	0.			GENERAL SUPPORT			
PAMPA EDUCATION FOUNDATION										
PO BOX 1045										
PAMPA, TX 79066	26-0502641	501C3	53,126.	0.			GENERAL SUPPORT			
NANDA NEAL ON LUIST C										
PAMPA MEALS ON WHEELS PO BOX 939										
	75-1616739	50103	142,471.	٥.			GENERAL SUPPORT			
РАМРА, ТХ 79065	10-1010139	20103	142,4/1.	٥.			PENERAL SUPPORT			

# Schedule I (Form 990) AMARILLO AREA FOUNDATION, INC. 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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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							
РАМРА, ТХ 79065	75-1476771	501C3	23,506.	0.			GENERAL SUPPORT
PAMPA UNITED WAY PO BOX 2076							
РАМРА, ТХ 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	50103	9,757.	0.			CAPITAL SUPPORT
	40-3020370	50105	5,151.	0.			CAFITAL SUFFORT
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)

75-0978220 Page 1

### AMARILLO AREA FOUNDATION, INC.

		DATION, INC					75-0978220 Pag
Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PANHANDLE ORPHAN CARE NETWORK							
MARILLO, 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
PARMER PAWS ANIMAL OUTREACH CENTER P.O. BOX 333							
RIONA, TX 79035	87-1531060	501C3	43,195.	0.			GENERAL SUPPORT
PERRYTON ACTIVITY CENTER 201 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 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 | (Form 990) AMARILLO AREA FOUNDATION, INC.

75-0978220 Page 1

		DATION, INC					5-09/8220 Pac
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	equie i (⊢orm 990), Pa	π II.) Τ	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEE LANGUAGE PROJECT							
3701 S SONCY RD							
AMARILLO, TX 79119	83-1205519	501C3	49,153.	٥.			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	50103	30,000.	0.			PROGRAM SUPPORT
	75 2107154	50105	50,000.	••			FROGRAM SOFFORT
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.	٥.			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

### AMARILLO AREA FOUNDATION, INC.

SKELLYTOWN AREA VOLUNTEER FIREFIGHTERS-EMS ASSOCIATION - PO	Comestic Organizations     (c) IRC section     if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash	edule I (Form 990), Pa (f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government			noncash			(h) Purpose of grant
.606 PASEO DE PERALTA     85-0413       SANTA FE, NM 87501     85-0413       SKELLYTOWN AREA VOLUNTEER     STREFIGHTERS-EMS ASSOCIATION - PO       SOX 327 - SKELLYTOWN, TX 79080     75-2875       SPEARHEAD CORPORATION     PO BOX 733       SPEARMAN, TX 79081     75-2281       SPEARMAN MINISTERIAL ALLIANCE     SPEARMAN MINISTERIAL ALLIANCE		_ <b>_</b> /	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
606 PASEO DE PERALTA ANTA FE, NM 8750185-0413KELLYTOWN AREA VOLUNTEER IREFIGHTERS-EMS ASSOCIATION - PO OX 327 - SKELLYTOWN, TX 7908075-2875PEARHEAD CORPORATION O BOX 733 PEARMAN, TX 7908175-2281PEARMAN MINISTERIAL ALLIANCE75-2281						
ANTA FE, NM 87501 KELLYTOWN AREA VOLUNTEER TIREFIGHTERS-EMS ASSOCIATION - PO XX 327 - SKELLYTOWN, TX 79080 PEARHEAD CORPORATION O BOX 733 PEARMAN, TX 79081 75-2281 PEARMAN MINISTERIAL ALLIANCE						
PIREFIGHTERS-EMS ASSOCIATION - PO NOX 327 - SKELLYTOWN, TX 79080 75-2875 PPEARHEAD CORPORATION O BOX 733 PPEARMAN, TX 79081 75-2281 PPEARMAN MINISTERIAL ALLIANCE	922 501C3	10,000.	0.			GENERAL SUPPORT
FIREFIGHTERS-EMS ASSOCIATION - PO         SOX 327 - SKELLYTOWN, TX 79080         SPEARHEAD CORPORATION         PO BOX 733         SPEARMAN, TX 79081         SPEARMAN MINISTERIAL ALLIANCE						
OX 327 - SKELLYTOWN, TX 79080 75-2875 PEARHEAD CORPORATION O BOX 733 PEARMAN, TX 79081 75-2281 PEARMAN MINISTERIAL ALLIANCE						
P O BOX 733 PEARMAN, TX 79081 PEARMAN MINISTERIAL ALLIANCE	L84 501C3	25,000.	Ο.			CAPITAL SUPPORT
P O BOX 733 SPEARMAN, TX 79081 75-2281 SPEARMAN MINISTERIAL ALLIANCE						
SPEARMAN, TX 79081 75-2281 SPEARMAN MINISTERIAL ALLIANCE						
SPEARMAN MINISTERIAL ALLIANCE	50102	21,354.	0.			GENERAL SUPPORT
	574 50105	21,354.	υ.		+	GENERAL SUPPORT
SPEARMAN, TX 79081 27-1767	L41 501C3	10,541.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS TEXAS						
L3400 IMMANUEL RD, #1C		10 505				
PLUGERVILLE, TX 78660 74-1998	367 501C3	13,537.	0.			CAPITAL SUPPORT
SPEIRO LEGACIES						
PO BOX 2202						
MARILLO, TX 79105 46-4931	L31 501C3	9,841.	0.			PROGRAM SUPPORT
QUARE MILE COMMUNITY DEVELOPMENT						
PO BOX 7926						
MARILLO, TX 79114 81-3091	547 501C3	29,152.	0.			GENERAL SUPPORT
T. JAMES EPISCOPAL CHURCH		ļ				
01 DENVER						
ALHART, TX 79022 75-1806	339 501C3	90,000.	0.		<u> </u>	GENERAL SUPPORT
		ļ				
STORYBRIDGE, INC. PO BOX 50524					1	
MARILLO, TX 79159 81-3953						

# Schedule I (Form 990) AMARILLO AREA FOUNDATION, INC. 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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	00 000000	501.00	45, 440				
STRATFORD, TX 79084	22-3882634	50103	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	50103	15,053.	0.			GENERAL SUPPORT
	/3 1003314	50105	13,033.				SENERAL SUITORI
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	22 1120404	50102	21 606				
RICHARDSON, TX 75083	33-1139484	50103	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		501.00		_			
LUBBOCK, TX 79409	75-6043842	20103	97,051.	0.			STUDENT AID

Schedule I (Form 990)

52

#### AMARILLO AREA FOUNDATION, INC. 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 THE BRIDGE CHILDREN'S ADVOCACY CENTER - 804 QUAIL CREEK DR	74-2866967	501C3	30,000.	0.			GENERAL SUPPORT
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)

75-0978220 Page 1

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

CANYON, TX 79016

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	50103	20,000.	0.			GENERAL SUPPORT
TURN CENTER							
1250 WALLACE BLVD.							
AMARILLO, TX 79106	75-1047725	501C3	187,683.	٥.			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	83-2785338	E01-02	44,001				
AMARILLO, TX 79159	83-2785338	50103	44,031.	0.			PROGRAM SUPPORT
WELLINGTON ORGANIZATION RESCUE DOG SHELTER - 1400 CHILDRESS ST -	05 0000001	E 0 1 0 2	65,000				
WELLINGTON, TX 79095	85-2898021	50103	65,000.	0.			GENERAL SUPPORT
WELLINGTON RITZ THEATRE, INC PO BOX 202 WELLINGTON, TX 79095	26-0377669	50103	6,265.	0.			GENERAL SUPPORT
	20 00,7000		0,205.	0.			Carling Dorrowi
WEST TEXAS AANDM UNIVERSITY FOUNDATION - WTAMU BOX 60766 -							

STUDENT AID

449,339.

Ο.

75-6036665 501C3

75-0978220 Page 1

# Schedule I (Form 990) AMARILLO AREA FOUNDATION, INC. 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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

T

Schedule I (Form 990)

75-0978220 Page 1

Schedule I (Form 990) 2022

75-0978220

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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.

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 GRANTEES' COMPLIANCE WITH GRANT TERMS.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		nber
		AMARILLO AREA FOUNDATION, INC.	75-	097822	0	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ir, chet)			
h	If any of the bayes	on line to are checked, did the graphization follow a written policy regarding powerst or				
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice			····· <b>Ľ</b>		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's	1			
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
		······································				
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
b		ation?		5b		x
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	-				
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
•				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2022

232111 10-18-22

Page **2** 

#### 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.

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CLAY STRIBLING	(i)	208,347.	18,000.	6,730.	23,808.	20,923.	277,808.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID HURTT	(i)	117,000.	3,000.	420.	12,000.	20,356.	152,776.	0.
ASSISTANT SECRETARY/VP FINANCE	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

20

Employer identification number

75-0978220

2

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.

Name of the organization

### AMARILLO AREA FOUNDATION, INC.

Pai	rt I   Types of Property		-					
		<b>(a)</b> Check if	<b>(b)</b> Number of contributions or	<b>(c)</b> Noncash contribution amounts reported on	(d) Method of de	etermini	•	
		applicable		Form 990, Part VIII, line 1g	noncash contribi	ution an	nounts	3
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	Х	8	778,725.	FMV DATE OF	GI	TS	
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 28	Other () Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organiz	ation during	l 1 the tax year for cr	ontributions				
25	for which the organization completed Form 828							
		, i art v, b	once / torino wiedg	ement <b>29</b>			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28. that it		100	110
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?			· ·		32a	х	L
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.		-					

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

Schedule M (Form 990) 2022

232141 09-09-22

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 M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

75-0978220

AMARILLO AREA FOUNDATION, INC.

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.

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

64

ADMINISTRATIVE FUNCTIONS.

232212 10-28-22

chedule O (Form 990) 202 lame of the organization		3 D D 3		TNO	Employer identification r 75-0978220	Page numbe
	AMARILLO	AREA	FOUNDATION,	INC.	75-0978220	

17011102 162110 29060242T1

### SCHEDULE R

(Form 990)

### **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

Employer identification number 75 - 0978220

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

AMARILLO AREA FOUNDATION, INC.

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

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

<b>(a)</b> 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	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
DON & SYBIL HARRINGTON FOUNDATION - 75-1336604, 919 S. POLK, AMARILLO, TX 79101	SUPPORTING ORGANIZATION	TEXAS	501C3		AMARILLO AREA FOUNDATION INC	x	
CITADELLE ART FOUNDATION - 26-1961223				,			
P.O. BOX 1303	1				AMARILLO AREA		
CANADIAN, TX 79014	SUPPORTING ORGANIZATION	TEXAS	501C3	LINE 12A, I	FOUNDATION INC	x	
AAF COMMUNITY HEALTH FOUNDATION - 81-0849302							
919 S. POLK	1				AMARILLO AREA		
AMARILLO, TX 79101	SUPPORTING ORGANIZATION	TEXAS	501C3	LINE 12A, I	FOUNDATION INC	X	
DECOURSEY PROPERTIES - 84-2054790							
919 S. POLK	7				AMARILLO AREA		
AMARILLO, TX 79101	SUPPORTING ORGANIZATION	TEXAS	501C3	LINE 12A, I	FOUNDATION INC	Х	

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

### Schedule R (Form 990) 2022 AMARILLO AREA FOUNDATION, INC.

75-0978220 Page 2

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.

	(j) (k) eral or Percentage ownership s No
(state or entity (related, unrelated, income end-or-year allocations? 20 of Schedule	eral or haging ther? S No
sections 512-514) Yes No K-1 (Form 1065) Yes	s 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									$\square$

### Schedule R (Form 990) 2022 AMARILLO AREA FOUNDATION, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_ Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Pa	arts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		2	<u>X</u>
c Gift, grant, or capital contribution from related organization(s)		2	<u>ζ</u>
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>		
Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			$\neg$
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>	_	
	11	2	ζ
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	<u>ا</u>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>	2	ζ
Sharing of paid employees with related organization(s)			$\rightarrow$
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)		2	ζ
s Other transfer of cash or property from related organization(s)			

2	If the answer to any of the ab	ove is "Yes	," see the instructions for information on v	ho must complete th	is line, including covered r	elationships and transaction thresholds.

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

### Schedule R (Form 990) 2022 AMARILLO AREA FOUNDATION, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	e) : all rs sec. c)(3) s.?	<b>(f)</b> Share of total		<b>(h</b> Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	l or Pero	<b>(k)</b> rcentage /nership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
												+	

Schedule R (Form 990) 2022 AMARILLO AREA FOUNDATION, INC.	75-0978220 Page 5						
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 FOUNDATI	ON, 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 FOU	NDATION, AND						
DECOURSEY PROPERTIES. THE AMOUNTS INVOLVED ARE LESS THAN \$5	0,000.						

232165 09-14-22

### UNRELATED BUSINESS INCOME

## **CARRYOVER DATA TO 2023**

Name AMARILLO AREA FOUNDATION, INC.	tion Number 2 2 0	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - INCOME DESIGNA	ATED BY	446,477.
FEDERAL PRE-2018 NET OPERATING LOSS		42,503.
		·

219341 04-01-22

Nam	E: AMARILLO AREA	FOUNDATION, II	NC.							FEIN:	75-0978220
	e and Entity: INC n 382 Annual Limitation	OME DESIGNATED	BY K POST-201 Section 382 Carryover	.7 NO	DETAIL C	ARRYOVER SCH	IEDULE				
Yea Orig nate	r Original - Carryover	Total Amount Used	Amount Used for <u>12/31/19</u>	Amount Used for							
	8 256,304.	81,302.	81,302.								
B 202 C 202	0 136,710.										
A 201 B 202 C 202 D 202 E F G H	8 256,304. 0 136,710. 1 113,181. 2 21,584.										
E											
G											
l J											
К											
L											
M N											
0											
O P Q R S T											
R											
S											
U											
V											
w	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Deta	il S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	B						<u> </u>				
A											
A B C D E F G											
D											
E											
F G											
н											
l J											
K											
L											
M N											
0											
P Q											
R											
S											
T U											
V											
W											

J	Name:	AMARILLO AREA	FOUNDATION, II	NC.							FEIN:	75-0978220
		and Entity: PRE 382 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/15	Amount Used for 12/31/16	Amount Used for						
A	2017	93,601.	51,098.	19,784.	31,314.							
A B C D E F												
D												
E F												
G												
H I												
J												
K L												
M N												
P												
O P Q R S T												
S T												
U												
V W												
		E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	Detail Type	S Used for B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	с										
A B C D E F G												
С												
E												
F												
H												
L												
J K												
L												
M N												
O P												
P Q R												
R S												
S T												
U V												
ŵ												

Form <b>990-T</b>	I F	EXTENDED TO NOVEMBER 15, 2023 Exempt Organization Business Income Tax Retur	m I	OMB No. 1545-0047					
	-	(and proxy tax under section 6033(e))							
	For ca			2022					
	i oi ca	lendar year 2022 or other tax year beginning, and ending Go to www.irs.gov/Form990T for instructions and the latest information.	·	LULL					
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								
A X Check box if address changed.									
B Exempt under section	B Exempt under section Print AMARILLO AREA FOUNDATION, INC.								
X 501(c)(3)	<b>X</b> 501( <b>c</b> )( <b>3</b> ) <b>or</b> Number, street, and room or suite no. If a P.O. box, see instructions.								
408(e) 220(e)	Type	919 S. POLK	(	nstructions)					
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code							
529(a) 529A		AMARILLO, TX 79101	F	Check box if					
	C Bo	ok value of all assets at end of year 152, 569, 192.		an amended return.					
G Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university					
H Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439							
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>						
J Enter the number of	attach	ed Schedules A (Form 990-T)		1					
K During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No					
If "Yes," enter the na	ame an	d identifying number of the parent corporation.							
		CLAY STRIBLING Telephone number	806-	376-4521					
Part I Total Uni	relate	d Business Taxable Income							
1 Total of unrelated	busine	ss 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 contrib	utions	(see instructions for limitation rules)	4	0.					
5 Total unrelated bu	isiness	taxable income before net operating losses. Subtract line 4 from line 3	. 5						
	•	ng loss. See instructions	6	0.					
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.							
Subtract line 6 fro									
8 Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.					
9 Trusts. Section 1	99A de	duction. See instructions	9						
10 Total deductions	. Add li	nes 8 and 9	10	1,000.					
11 Unrelated busine	ess taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,							
enter zero	<u></u>		11	0.					
Part II Tax Com	-								
1 Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	0.					
2 Trusts taxable at	trustr	ates. See instructions for tax computation. Income tax on the amount on							
Part I, line 11 from	Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2								
	Proxy tax. See instructions								
	Other tax amounts. See instructions								
5 Alternative minimu									
-		cility income. See instructions							
		h 6 to line 1 or 2, whichever applies	7	0.					
I HA For Dapprwork	Doduct	ion Act Natical see instructions		Form 990-T (2022)					

For Paperwork Reduction Act Notice, see instructions.

Form S (2022)

223701 01-16-23

	90-T (2022)		F	2 age				
Part	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)							
b	Other credits (see instructions) 1b							
с	General business credit. Attach Form 3800 (see instructions)							
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d							
е	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: Form 4255 Form 8611 Form 8697 Form 8866							
	Other (attach statement)	3						
4	Total tax. Add lines 2 and 3 (see instructions).							
	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							
b	2022 estimated tax payments. Check if section 643(g) election applies							
с	Tax deposited with Form 8868							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d							
е	Backup withholding (see instructions) 6e							
f								
g								
•	Form 4136         Other         Total         6g							
7	Total payments. Add lines 6a through 6g							
8	8 Estimated tax penalty (see instructions). Check if Form 2220 is attached							
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						
	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		Yes	No				
	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		X					
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a							
	foreign trust?			X				
	If "Yes," see instructions for other forms the organization may have to file.							
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 car	ryover						
	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 ca		_ /					
	523000 \$ 4	24,893.	_ /					
	\$							
6a	Did the organization change its method of accounting? (see instructions)			X				
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		rjury, I declare that I have examined e. Declaration of preparer (other that					e best of my knowledge and belief, it is true, e.			
Here				PRESIDENT & CH			0	May the IRS discuss this return with the preparer shown below (see		
	Signature of office	er	Date	Title			instructions)?		uctions)? X Yes No	
	Print/Type pre	parer's name	Preparer's signature	Date			Check	if	PTIN	
Paid							self- employe	ed		
Preparer	. GARY D.	MITCHELL							P00005725	
Use Only		CMMS CPAS &	ADVISORS PL	'LLC Firm's			Firm's EIN	IN 85-3890541		
000 0111	′ [	801 S FILLMORE, STE 600								
	Firm's address	AMARILLO,	TX 79101	FX 79101			Phone no.	80	6-373-6661	
223711 01-16-	23							Form <b>990-T</b> (2022)		

77 2022.05000 AMARILLO AREA FOUNDATION, 29060241

FORM 990-T	PRE-2018	3 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 CARRYOV	ER AVAILABLE THIS	/EAR	42,503.	42,503.					
FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 2 ORGANIZATION HAS FINANCIAL INTEREST									

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).

OMB No. 1545-0047

1

Open to r	ublic inspection for
501(c)(3)	Organizations Only

1

of

D Sequence:

4	Name of the organization							
	AMARILLO AREA							

organization					Employer identification number
RILLO	AREA	FOUNDATION,	INC.		75-0978220

523000 С Unrelated business activity code (see instructions)

Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see instructions.

**INCOME DESIGNATED BY K-1 RECEIVED** 

E	Describe the unrelated trade or business INCOME DESIG	NATE	ED BY K-1 RE	CEIVED	
Ра	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b		4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 3	12	-21,584.		-21,584.
13	Total. Combine lines 3 through 12	13	-21,584.		-21,584.
Pa	<b>rt II</b> Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in			ductions. Deductior	is must be
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return		8a	8b	
9	Depletion				
10	Contributions to deferred compensation plans				
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15					0.
16	Unrelated business income before net operating loss deduction. So column (C)				-21,584.
17	Deduction for net operating loss. See instructions			17	0.
					21 504

-21

.584.

18

17011102 162110 29060242T1

17

18

LHA

0 - 1 1	h A (5					Des	1
Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter meth	nod of inventory value	ation			Pag	<u>e 2</u>
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 h	ere and in Part I, line	2		8		
9	Do the rules of section 263A (with respect to property p					Yes N	No
Part	IV Rent Income (From Real Property and	Personal Prope	erty Leased with Re	al Propert	<b>(y)</b>		
1	Description of property (property street address, city, st	ate, ZIP code). Chec	k if a dual-use. See instru	ictions.			
	A						
	в						
	c						
	D []						
		A	В	C		D	
2	Rent received or accrued						
а	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)						
С	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
5 Part 1	Total deductions. Add line 4 columns A through D. En         V       Unrelated Debt-Financed Income       (se         Description of debt-financed property (street address, compared address)       A	e instructions)				(	0.
	в 🗌						
	c 🗌						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	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 P	art I, line 7, column (A)				0.
			· · ·				
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thr		nd on Part I, line 7, colum	ın (B)			0.
11	Total dividends-received deductions included in line	10					0.
223721 (	01-16-23	00		So	chedule A	(Form 990-T) 20	022

### 17011102 162110 29060242T1

80 2022.05000 AMARILLO AREA FOUNDATION, 29060241

Quintant	4. A (Fauna 200 T) 2000	,										1
Part	ule A (Form 990-T) 2022	<u>.</u> uities, Ro	ovalties, and Re	ents fron	n Control	led Or	ganizations	<b>S</b> (Se	e instruct	ions)		Page 3
	••	·····, ···	<b>,</b>				Exempt Control	,		,		
1. Name of controlled organization		identification incor		et unrelated 4. Total of spec pome (loss) payments ma instructions)		al of specified			nn 4 in the aniza-	incomo in column 5		
(1)					· · ·				5 gr033 mc	,onne		
(2)												
(3)												
(4)												
			No	onexempt C	Controlled O	ganizati	ions					
7	'. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part of that is inclusion controlling gross	luded	in the zation's		Deductions di connected wi come in colum	th
<u>(1)</u>												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I, I (A)	Ente	d columns 6 ar er here and on line 8, column	Part I, (B)
Totals									0.			0.
Part			of a Section 50	1(c)(7), (			1		ructions)			
	<b>1.</b> Desc	cription of i	ncome		2. Amou incor		3. Deduction directly connormal (attach stater	ected	<b>4.</b> Set- (attach st		<b>5. Total de</b> nt) and set- (add cols	asides
(1)												
(2)												
(3)												
(4)												<u> </u>
Totals					Add amou column 2 here and o line 9, colu	. Enter n Part I,					Add amo column 5 here and c line 9, col	5. Enter on Part I,
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income (	see ins	structions)			
1	Description of exploite	ed activity:							,			
2	Gross unrelated busin		e from trade or busi	ness. Enter	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from											
										4		
5	Gross income from ac	tivity that i	s not unrelated bus	iness incor	ne					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2022

223731 01-16-22

	ule A (Form 990-T) 2022				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a	consolidated basis	S.	
	A				
	в				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.	1		
		A	В	С	D
2	Gross advertising income	-			
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а			1		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	in			
	line 4 showing a loss or zero, do not complet	te			
	lines 5 through 7, and enter zero on line 8 $_{\rm}$				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	ı			
	line 5, subtract line 6 from line 5. If line 5 is le	ess			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	greater of the line 8a, columns to	otal or zero here an	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (	see instructions)	1 1	
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
					0
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (s	ee instructions)			

223732 01-16-23

1

### AMARILLO AREA FOUNDATION, INC.

75-0978220

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-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 12/31/20 12/31/21	256,304. 136,710. 113,181.	81,302. 0. 0.	175,002. 136,710. 113,181.	175,002. 136,710. 113,181.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	424,893.	424,893.