

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**2023**Open to Public  
Inspection**A** For the 2023 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

AMARILLO AREA FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

919 S. POLK

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

AMARILLO, TX 79101

**F** Name and address of principal officer: CLAY STRIBLING

919 S. POLK, AMARILLO, TX 79101

**D** Employer identification number

75-0978220

**E** Telephone number

8063764521

**G** Gross receipts \$ 61,787,161.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.AMARILLOAREAFOUNDATION.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1957 **M** State of legal domicile: TX**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>A COMMUNITY FOUNDATION OPERATING AS A PUBLIC CHARITY, WITH A MISSION TO IMPROVE THE QUALITY OF LIFE</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	24
	6	Total number of volunteers (estimate if necessary)	6	75
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	112,504.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	13,000.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	20,512,736.	13,533,446.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,328,610.	1,280,186.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,198,198.	8,154,765.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	307,914.	456,486.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,347,458.	23,424,883.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	16,671,739.	17,242,529.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,379,745.	2,471,219.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	754,033.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,460,903.	1,527,422.
	19	Revenue less expenses. Subtract line 18 from line 12	20,512,387.	21,241,170.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,835,071.	2,183,713.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	152,569,192.	164,308,187.
			14,185,263.	14,993,922.

**Part II** Signature Block

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

Sign Here	Signature of officer		Date	
	CLAY STRIBLING, PRESIDENT & CEO			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	GARY D. MITCHELL		<i>Gary D. Mitchell</i>	11-8-24
Preparer Use Only	Firm's name		Firm's EIN	PTIN
	CMMS CPAS & ADVISORS LLC		85-3890541	P00005725
Preparer Use Only	Firm's address		Phone no.	
	801 S FILLMORE, STE 600 AMARILLO, TX 79101		806-373-6661	

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

A COMMUNITY FOUNDATION OPERATING AS A PUBLIC CHARITY, WITH A MISSION  
TO IMPROVE THE QUALITY OF LIFE IN THE TEXAS PANHANDLE THROUGH  
EFFECTIVE PHILANTHROPIC EFFORTS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 15,647,367. including grants of \$ 15,647,367. ) (Revenue \$ 1,280,186. )  
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 \$ 1,595,162. including grants of \$ 1,595,162. ) (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 \$ 1,568,476. 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 18,811,005.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	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	X	
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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

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

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
<b>2a</b> 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 <span style="float: right;">2a <u>24</u></span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input checked="" type="checkbox"/>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<input checked="" type="checkbox"/>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input checked="" type="checkbox"/>	
<b>b</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 Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<input checked="" type="checkbox"/>
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		<input checked="" type="checkbox"/>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<input checked="" type="checkbox"/>
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		<input checked="" type="checkbox"/>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<input checked="" type="checkbox"/>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 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>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 25		
<b>2</b> 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? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... <b>9</b>		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
CLAY STRIBLING - 806-376-4521  
919 S. POLK, AMARILLO, TX 79101

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAY STRIBLING PRESIDENT & CEO	20.00 21.00			X				246,329.	0.	47,205.
(2) KERALEE CLAY VP OF OPERATIONS	20.00 21.00				X			145,206.	0.	29,043.
(3) DAVID HURTT ASSISTANT SECRETARY/VP FINANCE	20.00 21.00			X				129,703.	0.	33,744.
(4) MELANIE SMOOT VP OF DEVELOPMENT	20.00 21.00				X			122,313.	0.	22,819.
(5) LARA ESCOBAR VP OF COMMUNITY INVESTMENT	20.00 21.00				X			118,618.	0.	13,966.
(6) DAVID PRESCOTT CHAIR	1.00 2.00	X		X				0.	0.	0.
(7) CHERI DE JONG VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(8) SHARON WHITE SECRETARY	1.00 0.00	X		X				0.	0.	0.
(9) MIKE HUGHES TREASURER	1.00 1.00	X		X				0.	0.	0.
(10) VANESSA BUZZARD IMMEDIATE PAST CHAIR	1.00 2.00	X		X				0.	0.	0.
(11) SCOTT BIDDY DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) LEWIS BRITT DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) HELEN BURTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) TREVOR CAVINESS DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) SONJA CLARK DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MICHAEL CRUZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) MARY EMENY DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDREW HALL DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) LORI HENKE DIRECTOR	1.00 3.00	X						0.	0.	0.
(20) BOWDEN JONES DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) MARK KEYS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) JACKIE KINGSTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) PEDRO LIMAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) CHARLES MESTAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) KRISTEN MOUDY DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) STELLA SAULS DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								762,169.	0.	146,777.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								762,169.	0.	146,777.

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

5

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)



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

Total to Part VII, Section A, line 1c

**Part VIII** Statement of Revenue

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

☒ X

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b	46,750.			
	c	Fundraising events	1c				
	d	Related organizations	1d	649,482.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,837,214.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 215,250.			
	<b>h Total. Add lines 1a-1f</b>				13,533,446.		
<b>Program Service Revenue</b>				Business Code			
	2 a	ADMINISTRATIVE FEES		561000	1,280,186.	1,280,186.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
<b>g Total. Add lines 2a-2f</b>				1,280,186.			
<b>Other Revenue</b>	3			Investment income (including dividends, interest, and other similar amounts)	3,849,289.		3849289.
	4			Income from investment of tax-exempt bond proceeds			
	5			Royalties	210,845.		210,845.
	6 a			Gross rents			
	6 b			Less: rental expenses			
	6 c			Rental income or (loss)			
	6 d			Net rental income or (loss)			
	7 a			Gross amount from sales of assets other than inventory			
	7 b			Less: cost or other basis and sales expenses			
	7 c			Gain or (loss)			
	7 d			Net gain or (loss)	4,305,476.		4305476.
	8 a			Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			
	8 b			Less: direct expenses			
	8 c			Net income or (loss) from fundraising events			
	9 a			Gross income from gaming activities. See Part IV, line 19			
	9 b			Less: direct expenses			
	9 c			Net income or (loss) from gaming activities			
10 a			Gross sales of inventory, less returns and allowances				
10 b			Less: cost of goods sold				
10 c			Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>	11 a			OTHER INCOME	561000	133,137.	133,137.
	b			INCOME FROM PARTNERSHIPS-UNRELATE	523000	112,504.	112,504.
	c						
	d			All other revenue			
	e			Total. Add lines 11a-11d	245,641.		
	12			Total revenue. See instructions	23,424,883.	1,280,186.	112,504.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,647,367.	15,647,367.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,595,162.	1,595,162.		
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	452,731.	140,346.	199,202.	113,183.
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	1,536,088.	473,877.	672,074.	390,137.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,096.	44,200.	69,666.	31,230.
9 Other employee benefits	187,071.	67,371.	76,177.	43,523.
10 Payroll taxes	150,233.	45,360.	68,436.	36,437.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,175.		11,175.	
c Accounting	84,169.		84,169.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	295,737.	295,737.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	151,087.	93,064.	37,358.	20,665.
13 Office expenses	205,631.	68,677.	115,755.	21,199.
14 Information technology	157,225.	54,820.	57,466.	44,939.
15 Royalties				
16 Occupancy	147,433.	53,036.	67,277.	27,120.
17 Travel	30,884.	11,182.	11,475.	8,227.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,023.	9,176.	39,190.	657.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,693.	51,800.	8,311.	5,582.
23 Insurance	48,250.		48,250.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	147,322.	103,103.	33,085.	11,134.
b CONTRACT SERVICES	110,886.	34,650.	76,236.	0.
c PROPERTY TAXES	12,979.	12,149.	830.	
d PROGRAM EXPENSES	9,928.	9,928.	0.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,241,170.	18,811,005.	1,676,132.	754,033.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	8,179,422.	2	2,792,125.
	3 Pledges and grants receivable, net .....	44,500.	3	27,500.
	4 Accounts receivable, net .....	1,927,623.	4	1,757,800.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 973,818.		
	b Less: accumulated depreciation .....	10b 534,328.	10c 86,692.	439,490.
	11 Investments - publicly traded securities .....	125,433,849.	11	155,111,890.
	12 Investments - other securities. See Part IV, line 11 .....	16,796,866.	12	4,046,680.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	100,240.	15	132,702.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	152,569,192.	16	164,308,187.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	844,429.	17	1,201,819.
	18 Grants payable .....	578,301.	18	72,020.
	19 Deferred revenue .....	2,300.	19	2,320.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	12,760,233.	25	13,717,763.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	14,185,263.	26	14,993,922.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions .....		138,383,929.	27	149,314,265.
28 Net assets with donor restrictions .....			28	
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds .....			29	
30 Paid-in or capital surplus, or land, building, or equipment fund .....			30	
31 Retained earnings, endowment, accumulated income, or other funds .....			31	
32 <b>Total net assets or fund balances</b> .....		138,383,929.	32	149,314,265.
33 <b>Total liabilities and net assets/fund balances</b> .....	152,569,192.	33	164,308,187.	

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,424,883.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,241,170.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,183,713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	138,383,929.
5	Net unrealized gains (losses) on investments	5	8,746,623.
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	149,314,265.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2023)

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

**Part I** Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9611912.	9398704.	8630153.	20512736.	13533446.	61686951.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	9611912.	9398704.	8630153.	20512736.	13533446.	61686951.
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)						10970448.
6 <b>Public support.</b> Subtract line 5 from line 4.						50716503.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9611912.	9398704.	8630153.	20512736.	13533446.	61686951.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1655197.	1237778.	1444439.	2433476.	4060134.	10831024.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	80,302.				112,504.	192,806.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	120,685.	-2,633.	67,293.	66,354.	133,137.	384,836.
11 <b>Total support.</b> Add lines 7 through 10						73095617.
12 Gross receipts from related activities, etc. (see instructions)					12	3,888,338.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	69.38	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	66.68	%
16a <b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

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

**Schedule B**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

**AMARILLO AREA FOUNDATION, INC.****75-0978220**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

Schedule B (Form 990) (2023)

Employer identification number

75-0978220

## Part II

[illegible]

Name of organization

Employer identification number

**AMARILLO AREA FOUNDATION, INC.****75-0978220****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	73	366
2 Aggregate value of contributions to (during year)	1,600,100.	12,008,015.
3 Aggregate value of grants from (during year)	2,011,430.	15,548,021.
4 Aggregate value at end of year	40,381,983.	122,570,044.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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.

Schedule D (Form 990) 2023

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

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

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

- (i) Unrelated organizations? \_\_\_\_\_  
 (ii) Related organizations? \_\_\_\_\_

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		839,340.	399,850.	439,490.
d Equipment		134,478.	134,478.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				439,490.

Schedule D (Form 990) 2023

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	13,717,763.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	13,717,763.

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

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

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. AT DECEMBER 31, 2023. THE FEDERAL STATUTE OF LIMITATION REMAINS OPEN FOR THE 2020 THROUGH 2023 YEARS.

<b>Part XIII</b>		<b>Supplemental Information</b> (continued)
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[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**AMARILLO AREA FOUNDATION, INC.**

Employer identification number  
**75-0978220**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 CLUB OF THE TEXAS PANHANDLE P.O. BOX 589 AMARILLO, TX 79105	20-2768192	501C3	54,396.	0.			GENERAL SUPPORT
7 STAR THERAPEUTIC RIDING CENTER P.O. BOX 50655 AMARILLO, TX 79159	20-0857615	501C3	11,679.	0.			GENERAL SUPPORT
A WORLD FOR CHILDREN 3416 OLSEN BLVD STE B AMARILLO, TX 79109	74-2811105	501C3	6,280.	0.			GENERAL SUPPORT
ALEX O'BRIEN TENNIS FOUNDATION 800 S. MONROE AMARILLO, TX 79101	46-4693395	501C3	66,997.	0.			PROGRAM SUPPORT
AMARILLO AREA CASA P.O. BOX 691 AMARILLO, TX 79105	75-2560069	501C3	62,858.	0.			PROGRAM SUPPORT
AMARILLO ART INSTITUTE 3701 PLAINS BLVD AMARILLO, TX 79102	20-1560065	501C3	25,847.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **236.**

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

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARILLO BOTANICAL GARDENS 1400 STREIT DR. AMARILLO, TX 79106	75-0968821	501C3	31,993.	0.			GENERAL SUPPORT
AMARILLO CHILDREN'S HOME 3400 S. BOWIE AMARILLO, TX 79109	75-0800666	501C3	144,129.	0.			GENERAL SUPPORT
AMARILLO COLLEGE FOUNDATION P.O. BOX 447 AMARILLO, TX 79178	75-6029084	501C3	324,488.	0.			GENERAL SUPPORT
AMARILLO HABITAT FOR HUMANITY P.O. BOX 775 AMARILLO, TX 79105	75-1820887	501C3	43,382.	0.			GENERAL SUPPORT
AMARILLO HIGH ORCHESTRA PARENTS INC - 4225 DANBURY - AMARILLO, TX 79109	81-0564350	501C3	20,000.	0.			PROGRAM SUPPORT
AMARILLO LITTLE THEATRE 2019 CIVIC CIRCLE AMARILLO, TX 79109	75-6024149	501C3	75,772.	0.			GENERAL SUPPORT
AMARILLO MUSEUM OF ART P.O. BOX 447 AMARILLO, TX 79178	23-7042474	501C3	161,702.	0.			GENERAL SUPPORT
AMARILLO OPERA 2223 S. VAN BUREN ST. AMARILLO, TX 79109	75-2253647	501C3	34,413.	0.			GENERAL SUPPORT
AMARILLO SPCA P.O BOX 1014 AMARILLO, TX 79105	75-2228567	501C3	22,550.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARILLO SYMPHONY INC. 301 POLK ST. AMARILLO, TX 79105	75-1153018	501C3	230,181.	0.			PROGRAM SUPPORT
AMARILLO TRI-STATE EXPOSITION 3301 SE 10TH AVE. AMARILLO, TX 79104	75-0832456	501C3	30,000.	0.			GENERAL SUPPORT
AMARILLO WESLEY COMMUNITY CENTER 1615 S. ROBERTS AMARILLO, TX 79102	51-0158641	501C3	40,813.	0.			GENERAL SUPPORT
AMERICAN RED CROSS TEXAS PANHANDLE 1800 S. HARRISON AMARILLO, TX 79102	53-0196605	501C3	10,000.	0.			PROGRAM SUPPORT
ANOTHER CHANCE HOUSE INC 209 S. JACKSON AMARILLO, TX 79101	75-2233200	501C3	115,994.	0.			GENERAL SUPPORT
ARMSTRONG COUNTY MUSEUM INC P.O. BOX 450 CLAUDE, TX 79019	75-2341811	501C3	5,869.	0.			GENERAL SUPPORT
AUSTIN CENTER FOR GRIEF AND LOSS 2413 GREENLAWN PKWY AUSTIN, TX 78757	26-0300371	501C3	10,000.	0.			PROGRAM SUPPORT
AUSTIN CHILD GUIDANCE CENTER 810 W. 45TH ST. AUSTIN, TX 78751	74-1166783	501C3	10,000.	0.			PROGRAM SUPPORT
BAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 79101	75-2206268	501C3	281,971.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST GENERAL CONVENTION OF TEXAS - 7557 RAMBLER RD STE 1100 - DALLAS, TX 75231	75-6044885	501C3	15,000.	0.			PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF HEREFORD - P O BOX 1821 - HEREFORD, TX 79045	75-1433917	501C3	7,500.	0.			PROGRAM SUPPORT
BRECKENRIDGE VILLAGE OF TYLER 15062 CR 1145 TYLER, TX 75704	74-2833616	501C3	10,000.	0.			PROGRAM SUPPORT
BUCKNER CHILDREN & FAMILY SERVICES 700 NORTH PEARL ST. DALLAS, TX 75201	75-2571395	501C3	25,000.	0.			PROGRAM SUPPORT
BUFFALO COUNCIL 619 S. TYLER SUITE 100 AMARILLO, TX 79101	47-4700583	501C3	147,742.	0.			GENERAL SUPPORT
BY EXAMPLE MISSIONS DBA KIND HOUSE UKRAINE BAKERY - 2100 SW 60TH AVE - AMARILLO, TX 79118	82-3197054	501C3	33,104.	0.			GENERAL SUPPORT
CACTUS CARES FOUNDATION 500 S TYLER, STE 2800 AMARILLO, TX 79101	83-1808792	501C3	10,000.	0.			PROGRAM SUPPORT
CACTUS NAZARENE MINISTRY CENTER PO BOX 990 CACTUS, TX 79013	46-3670736	501C3	29,419.	0.			GENERAL SUPPORT
CANADIAN COMMUNITY CENTER PO BOX 1106 CANADIAN, TX 79014	75-1838747	501C3	90,821.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANADIAN EDUCATION FOUNDATION PO BOX 438 CANADIAN, TX 79014	27-5246589	501C3	16,737.	0.			GENERAL SUPPORT
CANADIAN RIVER ART CENTER PO BOX 1111 CANADIAN, TX 79014	45-5269937	501C3	9,765.	0.			GENERAL SUPPORT
CANYON HOPE MINISTRIES PO BOX 526 CANYON, TX 79015	45-4586540	501C3	39,759.	0.			PROGRAM SUPPORT
CARE NET OF DALHART 103 E. 3RD ST. DALHART, TX 79022	26-1791005	501C3	22,984.	0.			GENERAL SUPPORT
CASA 69, INC. 414 DENVER AVE., SUITE 103 DALHART, TX 79022	75-2064047	501C3	64,199.	0.			GENERAL SUPPORT
CASA OF THE HIGH PLAINS PO BOX 604 PAMPA, TX 79066	75-2546406	501C3	16,101.	0.			GENERAL SUPPORT
CASA OF THE ROLLING PLAINS 2020 COUNTRY CLUB DRIVE CHILDRESS, TX 79201	20-2993718	501C3	5,950.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES OF THE TEXAS PANHANDLE - PO BOX 15127 - AMARILLO, TX 79105	75-0818147	501C3	60,086.	0.			GENERAL SUPPORT
CCS CONNECT COMMUNITY SERVICES PO BOX 533 FRITCH, TX 79036	46-5699270	501C3	13,115.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER CITY OF AMARILLO PO BOX 9480 AMARILLO, TX 79105	75-2548311	501C3	37,422.	0.			GENERAL SUPPORT
CETA CANYON METHODIST CAMP AND RETREAT CENTER - 37201 FM 1721 - HAPPY, TX 79042	75-0939943	501C3	143,909.	0.			GENERAL SUPPORT
CHILDRESS HELPING HANDS PO BOX 1090 CHILDRESS, TX 79201	87-4276431	501C3	23,965.	0.			GENERAL SUPPORT
CHRISTIAN AID MINISTRIES P.O. BOX 360 BERLIN BERLIN, OH 44610	34-1344364	501C3	75,000.	0.			PROGRAM SUPPORT
CITADELLE ART FOUNDATION PO BOX 1303 CANADIAN, TX 79014	26-1961223	501C3	504,043.	0.			GENERAL SUPPORT
CITY OF CLARENDON PO BOX 1089 CLARENDON, TX 79226	75-6000487	GOVERNMENT	24,397.	0.			PROGRAM SUPPORT
CITY OF FRIONA 623 MAIN FRIONA, TX 79035	75-6000530	GOVERNMENT	159,276.	0.			CAPITAL SUPPORT
CITY OF NAZARETH PO BOX 7 NAZARETH, TX 79063	75-1433304	GOVERNMENT	15,000.	0.			PROGRAM SUPPORT
CITY OF PANHANDLE PO BOX 129 PANHANDLE, TX 79068	75-6000634	GOVERNMENT	10,794.	0.			CAPITAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PERRYTON P O BOX 849 PERRYTON, TX 79070	75-6000636	GOVERNMENT	40,000.	0.			PROGRAM SUPPORT
CITY OF TULIA 127 SW SECOND ST #300 TULIA, TX 79088	75-6000695	GOVERNMENT	22,500.	0.			GENERAL SUPPORT
COLLINGSWORTH COUNTY HISTORICAL MUSEUM - P.O. BOX 495 - WELLINGTON, TX 79095	23-7168956	501C3	36,281.	0.			GENERAL SUPPORT
COLLINGSWORTH COUNTY HOSPITAL DISTRICT - 1016 16TH STREET - WELLINGTON, TX 79095	75-1373698	501C3	53,453.	0.			GENERAL SUPPORT
COLLINGSWORTH COUNTY PUBLIC LIBRARY - 711 15TH STREET - WELLINGTON, TX 79095	75-6000876	501C3	53,135.	0.			GENERAL SUPPORT
COLORFUL CLOSETS OF AMARILLO PO BOX 223 AMARILLO, TX 79105	81-3693528	501C3	34,172.	0.			GENERAL SUPPORT
COMMUNITY WORSHIP CENTER OF PERRYTON, INC. - PO BOX 845 - PERRYTON, TX 79070	26-2875548	501C3	65,000.	0.			PROGRAM SUPPORT
DALHART AREA CHILD CARE CENTER PO BOX 67 DALHART, TX 79022	75-1469783	501C3	200,000.	0.			CAPITAL SUPPORT
DALHART SENIOR CITIZENS ASSOCIATION - 610 DENROCK AVE. - DALHART, TX 79022	75-2555673	501C3	98,777.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALLAM-HARTLEY COUNTIES HEALTHCARE FOUNDATION - 1411 DENVER AVE. - DALHART, TX 79022	33-1012246	501C3	78,793.	0.			PROGRAM SUPPORT
DALLAM-HARTLEY COUNTIES HISTORICAL ASSOCIATION - PO BOX 730 - DALHART, TX 79022	23-7422828	501C3	83,381.	0.			GENERAL SUPPORT
DAX FOUNDATION, INC. PO BOX 577 SPEARMAN, TX 79081	88-1029286	501C3	23,796.	0.			GENERAL SUPPORT
DEAF SMITH COUNTY 211 E. 4TH ST. HEREFORD, TX 79045	75-6000910	GOVERNMENT	10,000.	0.			PROGRAM SUPPORT
DON HARRINGTON DISCOVERY CENTER 1200 STREIT DR AMARILLO, TX 79106	75-1330735	501C3	214,736.	0.			CAPITAL SUPPORT
DOVE CREEK EQUINE RESCUE PO BOX 1600 CANYON, TX 79015	45-4668951	501C3	75,465.	0.			GENERAL SUPPORT
DOWNTOWN WOMEN'S CENTER 409 S. MONROE AMARILLO, TX 79101	20-0296282	501C3	114,962.	0.			PROGRAM SUPPORT
DUMAS AREA CRISIS PREGNANCY CENTER PO BOX 391 DUMAS, TX 79029	75-2760977	501C3	60,858.	0.			GENERAL SUPPORT
EASTRIDGE MISSION CENTER 1300 EVERGREEN AMARILLO, TX 79107	82-5422434	501C3	74,591.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATION FOUNDATION OF CANYON ISD PO BOX 899 CANYON, TX 79015	75-2848641	501C3	14,477.	0.			GENERAL SUPPORT
EVELINE'S SUNSHINE COTTAGE PO BOX 50974 AMARILLO, TX 79159	75-3007093	501C3	160,799.	0.			GENERAL SUPPORT
FAITH CITY MISSION P O BOX 870 AMARILLO, TX 79105	75-6029995	501C3	124,041.	0.			GENERAL SUPPORT
FAMILY CARE FOUNDATION PO BOX 15203 AMARILLO, TX 79105	75-0109845	501C3	138,486.	0.			GENERAL SUPPORT
FAMILY SUPPORT SERVICES PO BOX 31150 AMARILLO, TX 79120	75-0800642	501C3	129,475.	0.			PROGRAM SUPPORT
FIRST CHRISTIAN CHURCH OF PERRYTON 901 S. JEFFERSON ST PERRYTON, TX 79070	75-1058925	501C3	15,000.	0.			PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF AMARILLO - 1100 S. HARRISON ST. - AMARILLO, TX 79101	75-0808783	501C3	22,000.	0.			GENERAL SUPPORT
FOLKLORIC COMMUNITY PERFORMANCE GROUP RAYENARI - 718 N MIRROR ST - AMARILLO, TX 79107	87-4215837	501C3	25,000.	0.			PROGRAM SUPPORT
FORGOTTEN DOG LEAGUE OF AMARILLO PO BOX 30922 AMARILLO, TX 79120	87-2706261	501C3	5,803.	0.			GENERAL SUPPORT

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FRANK PHILLIPS COLLEGE ATTN: BUSINESS OFFICE PO BOX 5118 BORGER, TX 79007	75-6001630	GOVERNMENT	187,105.	0.			STUDENT AID
FRIENDS OF AJ SWOPE 2112 S TRAVIS ST AMARILLO, TX 79109	92-1545967	501C3	61,459.	0.			GENERAL SUPPORT
FRIENDS OF CROSS BAR SRMA PO BOX 31241 AMARILLO, TX 79120	88-1157410	501C3	14,183.	0.			GENERAL SUPPORT
FRIENDS OF TEXAS PANHANDLE SHELTER PETS - 24521 CANYON DR - CANYON, TX 79015	85-4172961	501C3	14,229.	0.			GENERAL SUPPORT
FRIENDS OF THE AMARILLO PUBLIC LIBRARY - 413 E 4TH AVE - AMARILLO, TX 79101	75-1812829	501C3	19,189.	0.			GENERAL SUPPORT
FRIENDS OF THE FRIONA PUBLIC LIBRARY - 109 WEST 7TH ST. - FRIONA, TX 79035	23-7088030	501C3	12,500.	0.			GENERAL SUPPORT
FRIONA YOUTH SPORTS P.O. BOX 672 FRIONA, TX 79035	82-4693048	501C3	9,587.	0.			GENERAL SUPPORT
GOLDEN SPREAD COUNCIL, BOY SCOUTS OF AMERICA - 401 TASCOSA ROAD - AMARILLO, TX 79124	75-0800613	501C3	22,996.	0.			GENERAL SUPPORT
GOOD SAMARITAN CHRISTIAN SERVICE, INC OF DALHART, TX - PO BOX 1101 - DALHART, TX 79022	75-1894323	501C3	52,166.	0.			PROGRAM SUPPORT

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GRACIE'S PROJECT PO BOX 2512 AMARILLO, TX 79015	83-1301879	501C3	27,914.	0.			GENERAL SUPPORT
GRAYCARES LIVING AT HOME, INC 511 N HOBART ST PAMPA, TX 79065	26-3796095	501C3	16,653.	0.			GENERAL SUPPORT
GREAT PLAINS CASA FOR KIDS PO BOX 1306 HEREFORD, TX 79045	86-1072436	501C3	16,691.	0.			GENERAL SUPPORT
GUYON SAUNDERS RESOURCE CENTER PO BOX 9255 AMARILLO, TX 79105	75-2614211	501C3	141,639.	0.			GENERAL SUPPORT
HANDS ON AMARILLO PO BOX 2783 AMARILLO, TX 79105	47-2029120	501C3	6,056.	0.			GENERAL SUPPORT
HANSFORD COUNTY LIBRARY 122 MAIN STREET SPEARMAN, TX 79081	75-6036759	501C3	9,635.	0.			GENERAL SUPPORT
HARRINGTON CANCER AND HEALTH FOUNDATION - 500 S.TAYLOR, SUITE 1060 UNIT #223 - AMARILLO, TX 79101	75-1578415	501C3	75,037.	0.			GENERAL SUPPORT
HARRINGTON REGIONAL MEDICAL CENTER, INC. - PO BOX 51794 - AMARILLO, TX 79159	75-2013988	501C3	169,890.	0.			GENERAL SUPPORT
HEAL THE CITY FREE CLINIC PO BOX 2556 AMARILLO, TX 79105	46-5694050	501C3	1,008,193.	0.			PROGRAM SUPPORT

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HEALING THROUGH HIM MINISTRIES PO BOX 20411 AMARILLO, TX 79114	92-0755687	501C3	9,065.	0.			GENERAL SUPPORT
HEMPHILL COUNTY HOSPITAL DISTRICT 1020 4TH ST CANADIAN, TX 79014	45-5080560	501C3	12,597.	0.			GENERAL SUPPORT
HEREFORD CHURCH OF THE NAZARENE 1410 LA PLATA ST HEREFORD, TX 79045	75-1650765	501C3	10,000.	0.			PROGRAM SUPPORT
HEREFORD SENIOR CITIZENS ASSOCIATION - PO BOX 270 - HEREFORD, TX 79045	51-0157241	501C3	60,000.	0.			PROGRAM SUPPORT
HIDDEN FALLS RANCH P O BOX 136 WAYSIDE, TX 79094	75-6030869	501C3	31,519.	0.			GENERAL SUPPORT
HIGH PLAINS FOOD BANK PO BOX 31803 AMARILLO, TX 79120	75-1838348	501C3	332,239.	0.			GENERAL SUPPORT
HIGH PLAINS HELPING HAND INC. 614 WEATHERLY ST BORGER, TX 79007	75-1938944	501C3	10,000.	0.			PROGRAM SUPPORT
HIGH PLAINS RETREAT CENTER PO BOX 7709 AMARILLO, TX 79114	27-1625983	501C3	29,104.	0.			GENERAL SUPPORT
HIGHLAND PARK ISD PO BOX 30430 AMARILLO, TX 79120	75-1604654	GOVERNMENT	140,575.	0.			GENERAL SUPPORT

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HILLSIDE CHRISTIAN CHURCH - AMARILLO WEST - PO BOX 7807 - AMARILLO, TX 79114	75-1161743	501C3	25,000.	0.			GENERAL SUPPORT
HILLTOP SENIOR CITIZENS ASSOCIATION - 1311 N. TAYLOR - AMARILLO, TX 79107	75-2158372	501C3	15,000.	0.			PROGRAM SUPPORT
HOLY FAMILY PARISH PO BOX 100 NAZARETH, TX 79063	75-1582322	501C3	13,970.	0.			PROGRAM SUPPORT
HOODOO ART FOUNDATION 411 S FILLMORE ST AMARILLO, TX 79101	86-2785808	501C3	54,787.	0.			PROGRAM SUPPORT
HOPE & HEALING PLACE 1721 S TYLER AMARILLO, TX 79102	74-3079848	501C3	30,563.	0.			PROGRAM SUPPORT
HOPE CHOICE, INC. PO BOX 50342 AMARILLO, TX 79159	75-2195169	501C3	87,833.	0.			GENERAL SUPPORT
HOPE LIVES HERE PO BOX 20811 AMARILLO, TX 79114	47-1601450	501C3	48,657.	0.			GENERAL SUPPORT
HOPE TO OPPORTUNITIES FOUNDATION 5241 S WASHINGTON AMARILLO, TX 79110	82-2592296	501C3	39,278.	0.			PROGRAM SUPPORT
HUTCHINSON COUNTY UNITED WAY PO BOX 1430 BORGER, TX 79008	75-0875853	501C3	31,737.	0.			GENERAL SUPPORT

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IGLESIA LA PENIA DE HOREB PO BOX 633 PERRYTON, TX 79070	75-1174400	501C3	10,000.	0.			PROGRAM SUPPORT
JUNIOR LEAGUE OF AMARILLO 1700 S POLK AMARILLO, TX 79102	75-1035793	501C3	51,204.	0.			GENERAL SUPPORT
KANZA SOCIETY INC. HIGH PLAINS PUBLIC RADIO - 210 N. 7TH ST. - GARDEN CITY, KS 67846	48-0859735	501C3	118,255.	0.			GENERAL SUPPORT
KARTER'S DREAM, INC. 14925 CO RD 15 PERRYTON, TX 79070	47-3724133	501C3	50,000.	0.			PROGRAM SUPPORT
KEY HEIGHTS BAPTIST CHURCH 215 S KENTUCKY PERRYTON, TX 79070		501C3	15,000.	0.			PROGRAM SUPPORT
KIDS, INC. OF AMARILLO TEXAS 2201 SE 27TH AMARILLO, TX 79103	75-0942621	501C3	670,107.	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	100,986.	0.			GENERAL SUPPORT
LEAGUE OF WOMEN VOTERS OF AMARILLO PO BOX 19333 AMARILLO, TX 79114	75-6043959	501C3	5,245.	0.			GENERAL SUPPORT

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LIFE CHALLENGE OF AMARILLO 6500 HOPE RD AMARILLO, TX 79119	75-1836322	501C3	88,993.	0.			GENERAL SUPPORT
MAKE A CHILD SMILE, INC. 6104 GAINSBOROUGH RD AMARILLO, TX 79106	75-2576724	501C3	11,856.	0.			GENERAL SUPPORT
MAKE-A-WISH NORTH TEXAS 1600 S COULTER BUILDING A, STE 100 AMARILLO, TX 79106	75-1889666	501C3	5,949.	0.			GENERAL SUPPORT
MARTHA'S HOME 1204 SW 18TH AVE. AMARILLO, TX 79102	75-2232697	501C3	66,258.	0.			GENERAL SUPPORT
MAVERICK BOYS AND GIRLS CLUB OF AMARILLO - 1923 S. LINCOLN - AMARILLO, TX 79109	75-0808760	501C3	80,909.	0.			PROGRAM SUPPORT
MCURRY UNIVERSITY CAMPUS BOX 938 ARILENE, TX 76967	75-0855633	501C3	10,000.	0.			STUDENT AID
MEADOWS MENTAL HEALTH POLICY INSTITUTE FOR TEXAS - PO BOX 140836 - DALLAS, TX 75214	46-3992618	501C3	150,000.	0.			PROGRAM SUPPORT
MISSION 2540 PO BOX 20771 AMARILLO, TX 79114	20-1919092	501C3	82,070.	0.			GENERAL SUPPORT
MISSION AMARILLO 3508 LINE AVE AMARILLO, TX 79106	27-4201383	501C3	66,612.	0.			GENERAL SUPPORT

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MOORE COUNTY HEALTH FOUNDATION PO BOX 782 DUMAS, TX 79029	75-2687992	501C3	41,634.	0.			GENERAL SUPPORT
MORE CHURCH PO BOX 51465 AMARILLO, TX 79159	75-2877390	501C3	25,163.	0.			GENERAL SUPPORT
MUSEUM OF THE PLAINS 1200 N. MAIN PERRYTON, TX 79070	75-1497022	501C3	53,936.	0.			GENERAL SUPPORT
NATIONAL CATTLEMEN'S FOUNDATION 9110 E. NICHOLS AVE., SUITE 300 CENTENNIAL, CO 80112	23-7259504	501C3	6,500.	0.			PROGRAM SUPPORT
NO BOUNDARIES INTERNATIONAL 904 N GRAND ST AMARILLO, TX 79107	87-0777471	501C3	32,153.	0.			GENERAL SUPPORT
OASIS SOUTHWEST BAPTIST CHURCH 8201 CANYON DR AMARILLO, TX 79110	75-1892904	501C3	150,000.	0.			CAPITAL SUPPORT
OCHILTREE COUNTY SENIOR CITIZEN ASSOCIATION - PO BOX 738 - PERRYTON, TX 79070	75-1825010	501C3	40,000.	0.			GENERAL SUPPORT
OCHILTREE UNITED WAY P O BOX 673 PERRYTON, TX 79070	75-1249962	501C3	90,000.	0.			GENERAL SUPPORT
OGALLALA COMMONS PO BOX 346 NAZARETH, TX 79063	33-1144011	501C3	51,326.	0.			GENERAL SUPPORT

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OPPORTUNITY PLAN, INC. P O BOX 1035 CANYON, TX 79015	75-6020405	501C3	20,774.	0.			GENERAL SUPPORT
OPPORTUNITY SCHOOL, INC. 1100 S. HARRISON AMARILLO, TX 79101	75-1360968	501C3	137,638.	0.			GENERAL SUPPORT
OUR CHILDREN'S BLESSING PO BOX 1101 AMARILLO, TX 79105	83-0959310	501C3	20,579.	0.			GENERAL SUPPORT
P.F.T.S. CLINIC OF AMARILLO. 2500 SW 6TH AVE AMARILLO, TX 79106	68-0648159	501C3	65,650.	0.			GENERAL SUPPORT
PAMPA ANIMAL WELFARE SOCIETY PO BOX 2095 PAMPA, TX 79066	27-3600097	501C3	257,127.	0.			GENERAL SUPPORT
PAMPA EDUCATION FOUNDATION PO BOX 1045 PAMPA, TX 79066	26-0502641	501C3	25,658.	0.			GENERAL SUPPORT
PAMPA MEALS ON WHEELS PO BOX 939 PAMPA, TX 79065	75-1616739	501C3	160,342.	0.			GENERAL SUPPORT
PAMPA SENIOR CITIZENS, INC. 500 W FRANCIS AVE PAMPA, TX 79065	75-1476771	501C3	18,568.	0.			GENERAL SUPPORT
PAMPA'S TRIBUTE TO WOODY GUTHRIE 320 S CUYLER ST PAMPA, TX 79065	75-2443571	501C3	20,000.	0.			PROGRAM SUPPORT

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PANHANDLE BREAST HEALTH PO BOX 1400 AMARILLO, TX 79105	32-0170235	501C3	7,500.	0.			PROGRAM SUPPORT
PANHANDLE COMMUNITY SERVICES PO BOX 32150 AMARILLO, TX 79120	75-6049423	501C3	80,222.	0.			GENERAL SUPPORT
PANHANDLE CRISIS CENTER P. O. BOX 502 PERRYTON, TX 79070	75-2032505	501C3	49,116.	0.			GENERAL SUPPORT
PANHANDLE EDUCATION FOUNDATION PO BOX 1030 PANHANDLE, TX 79068	46-5626970	501C3	24,960.	0.			GENERAL SUPPORT
PANHANDLE FELLOWSHIP OF CHRISTIAN ATHLETES - 5111 CANYON DR - AMARILLO, TX 79109	44-0610626	501C3	37,880.	0.			GENERAL SUPPORT
PANHANDLE ORPHAN CARE NETWORK PO BOX 2344 AMARILLO, TX 79105	81-4967039	501C3	10,000.	0.			PROGRAM SUPPORT
PANHANDLE PAWS OF HOPE PO BOX 2525 AMARILLO, TX 79105	45-5368492	501C3	27,346.	0.			GENERAL SUPPORT
PANHANDLE REGIONAL ADVISORY COUNCIL - PO BOX 9257 - AMARILLO, TX 79105	75-2568916	GOVERNMENT	100,000.	0.			PROGRAM SUPPORT
PANHANDLE-PLAINS HISTORICAL SOCIETY - WT BOX 60967 - CANYON, TX 79016	75-6019872	501C3	34,183.	0.			GENERAL SUPPORT

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PARMER PAWS ANIMAL OUTREACH CENTER P.O. BOX 333 PRIONA, TX 79035	87-1531060	501C3	86,529.	0.			GENERAL SUPPORT
PERRYTON ACTIVITY CENTER 1201 SW 15TH STREET PERRYTON, TX 79070	75-1072869	501C3	25,290.	0.			GENERAL SUPPORT
PERRYTON RODEO ASSOCIATION PO BOX 452 PERRYTON, TX 79070	81-2919004	501C3	18,883.	0.			GENERAL SUPPORT
PLAINVIEW FOUNDATION FOR RURAL HEALTH ADVANCEMENT - 705 2ND - HART, TX 79043	75-2878960	501C3	46,500.	0.			PROGRAM SUPPORT
PRAY THE CITY PO BOX 985 AMARILLO, TX 79105	84-4466578	501C3	5,164.	0.			GENERAL SUPPORT
PREGNANCY SUPPORT CENTER OF PAMPA PO BOX 2097 PAMPA, TX 79066	75-2398394	501C3	14,649.	0.			GENERAL SUPPORT
PROJECT FEED THE KIDS, INC PO BOX 596 DUMAS, TX 79029	88-2152099	501C3	15,000.	0.			PROGRAM SUPPORT
RACHEL'S LITTLE HOUSE P O BOX 961 CANADIAN, TX 79014	75-2309163	501C3	32,478.	0.			GENERAL SUPPORT
RAHLL ACTIVITY CENTER 302 DENROCK AVE DALHART, TX 79022	88-2741863	501C3	165,212.	0.			GENERAL SUPPORT

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REFUGEE LANGUAGE PROJECT 3701 S SONCY RD AMARILLO, TX 79119	83-1205519	501C3	38,354.	0.			PROGRAM SUPPORT
RIVER VALLEY PIONEER MUSEUM P.O. BOX 1201 CANADIAN, TX 79014	75-2078610	501C3	32,548.	0.			GENERAL SUPPORT
ROCKWELL ROAD BAPTIST CHURCH PO BOX 31495 AMARILLO, TX 79120	75-2167134	501C3	22,500.	0.			GENERAL SUPPORT
RONALD McDONALD HOUSE CHARITIES OF AMARILLO - 1501 STREIT DRIVE - AMARILLO, TX 79106	75-1790186	501C3	65,914.	0.			GENERAL SUPPORT
SAINT ANTHONY'S LEGACY AND REDEVELOPMENT CORPORATION - 203 W 8TH ST. SUITE 530 - AMARILLO, TX 79101	82-2747282	501C3	100,000.	0.			GENERAL SUPPORT
SAINT FRANCIS MINISTRIES 110 OTIS AVE SALINA, KS 67401	48-0543809	501C3	21,708.	0.			PROGRAM SUPPORT
SALVATION ARMY OF PAMPA 1424 NORTHEAST EXPRESSWAY BROOKHAVEN, GA 30329	58-0660607	501C3	16,736.	0.			GENERAL SUPPORT
SECOND CHANCE ANIMAL RESCUE 7108 MERCURY TRAIL AMARILLO, TX 79118	84-4661430	501C3	9,425.	0.			GENERAL SUPPORT
SERVICES OF HOPE PO BOX 227252 DALLAS, TX 75222	33-1104425	501C3	7,432.	0.			PROGRAM SUPPORT

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SHARING HOPE MINISTRY PO BOX 7160 AMARILLO, TX 79114	91-2157950	501C3	112,274.	0.			GENERAL SUPPORT
SHERMAN COUNTY P.O. BOX 165 STRATFORD, TX 79084	75-6001152	GOVERNMENT	10,000.	0.			PROGRAM SUPPORT
SISTER-BEAR FOUNDATION 211 S TIMBERCREEK DR. AMARILLO, TX 79118	85-2461065	501C3	51,153.	0.			GENERAL SUPPORT
SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501	85-0413922	501C3	10,000.	0.			PROGRAM SUPPORT
SPEARHEAD CORPORATION P O BOX 733 SPEARMAN, TX 79081	75-2281974	501C3	23,673.	0.			PROGRAM SUPPORT
SPEARMAN MINISTERIAL ALLIANCE PO BOX 342 SPEARMAN, TX 79081	27-1767141	501C3	11,941.	0.			GENERAL SUPPORT
SPEIRO LEGACIES PO BOX 2202 AMARILLO, TX 79105	46-4931131	501C3	19,145.	0.			PROGRAM SUPPORT
SQUARE MILE COMMUNITY DEVELOPMENT PO BOX 7926 AMARILLO, TX 79114	81-3091547	501C3	145,317.	0.			GENERAL SUPPORT
ST. ANDREWS EPISCOPAL CHURCH 1601 S. GEORGIA ST. AMARILLO, TX 79102	75-0808806	501C3	10,000.	0.			PROGRAM SUPPORT

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ST. ANN'S CATHOLIC CHURCH 605 38TH ST CANYON, TX 79015	75-1945727	501C3	50,000.	0.			CAPITAL SUPPORT
ST. JAMES EPISCOPAL CHURCH 801 DENVER DALHART, TX 79022	75-1806839	501C3	15,000.	0.			GENERAL SUPPORT
STORYBRIDGE, INC. PO BOX 50524 AMARILLO, TX 79159	81-3953396	501C3	133,617.	0.			PROGRAM SUPPORT
STRATFORD AREA FOUNDATION, INC. P O BOX 48 STRATFORD, TX 79084	75-1662855	501C3	53,999.	0.			GENERAL SUPPORT
STRATFORD AREA YOUTH CARE AGENCY INC. - P.O. BOX 411 - STRATFORD, TX 79084	75-2403416	501C3	63,803.	0.			GENERAL SUPPORT
STRATFORD ISD EDUCATION FOUNDATION P O BOX 121 STRATFORD, TX 79084	22-3882634	501C3	15,122.	0.			PROGRAM SUPPORT
SWISHER MEMORIAL HOSPITAL FOUNDATION - 539 S.E. 2ND ST - TULIA, TX 79088	26-0290687	501C3	29,507.	0.			GENERAL SUPPORT
TEXAS PANHANDLE HERITAGE FOUNDATION - WTAMU BOX 60968 - CANYON, TX 79016	75-1083514	501C3	9,440.	0.			GENERAL SUPPORT
TEXAS PANHANDLE INDEPENDENT FUTURES FOUNDATION - PO BOX 1233 - AMARILLO, TX 79105	45-3660984	501C3	83,242.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS PANHANDLE WAR MEMORIAL FOUNDATION - 4101 SOUTH GEORGIA - AMARILLO, TX 79109	75-2545659	501C3	28,319.	0.			GENERAL SUPPORT
TEXAS RAMP PROJECT PO BOX 832065 RICHARDSON, TX 75083	33-1139484	501C3	44,373.	0.			PROGRAM SUPPORT
TEXAS TECH FOUNDATION, INC. P O BOX 41081 LUBBOCK, TX 79409	75-6043842	501C3	307,136.	0.			STUDENT AID
TEXAS TECH SCHOOL OF PHARMACY 1300 S. COULTER STREET AMARILLO, TX 79106	75-2668014	GOVERNMENT	142,076.	0.			STUDENT AID
THE BRIDGE CHILDREN'S ADVOCACY CENTER - 804 QUAIL CREEK DR. - AMARILLO, TX 79124	75-1995807	501C3	111,545.	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	45,835.	0.			PROGRAM SUPPORT
THE PARC 413 SW 6TH AMARILLO, TX 79101	46-4790841	501C3	174,155.	0.			GENERAL SUPPORT
THE SALVATION ARMY 400 S HARRISON ST AMARILLO, TX 79101	58-0660607	501C3	53,538.	0.			PROGRAM SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRALHE CRISIS CENTER FOR WOMEN P O BOX 2880 PAMPA, TX 79066	75-1971380	501C3	33,730.	0.			GENERAL SUPPORT
TRANSFORMATIONS BY AMARILLO ANGELS 2200 4TH AVE # 141 CANYON, TX 79015	27-2087142	501C3	50,849.	0.			GENERAL SUPPORT
TRI-COUNTY MEALS P O BOX 421 QUITAQUE, TX 79255	20-0212483	501C3	22,660.	0.			PROGRAM SUPPORT
TRINITY LUTHERAN CHURCH PO BOX 545 BORGER, TX 79008	75-6004218	501C3	20,000.	0.			GENERAL SUPPORT
TULIA LOVE FUND 739 N DALLAS AVE TULIA, TX 79088	20-8087562	501C3	25,000.	0.			CAPITAL SUPPORT
TURN CENTER 1250 WALLACE BLVD. AMARILLO, TX 79106	75-1047725	501C3	168,527.	0.			GENERAL SUPPORT
UNITED WAY OF AMARILLO & CANYON 2207 LINE AVENUE AMARILLO, TX 79106	75-0800600	501C3	45,000.	0.			GENERAL SUPPORT
UNLEASHING POSSIBILITY 6702 ADMIRAL CT AMARILLO, TX 79124	87-3070092	501C3	11,359.	0.			GENERAL SUPPORT
UT SOUTHWESTERN MEDICAL SCHOOL PO BOX 910888 DALLAS, TX 75391	75-2556007	GOVERNMENT	10,000.	0.			STUDENT AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY FAMILY CHURCH 2322 S MAIN PERRYTON, TX 79070	75-6065173	501C3	65,000.	0.			CAPITAL SUPPORT
WE FIND IN LOVE 8301 W AMARILLO BLVD, UNIT 51048 AMARILLO, TX 79159	83-2785338	501C3	5,509.	0.			PROGRAM SUPPORT
WELL STEM EDUCATION CENTER 213 NORTH CUYLER ST PAMPA, TX 79065	81-2248080	501C3	14,232.	0.			PROGRAM SUPPORT
WELLINGTON OPPORTUNITY CENTER PO BOX 122 WELLINGTON, TX 79095	75-2823547	501C3	28,000.	0.			PROGRAM SUPPORT
WELLINGTON ORGANIZATION RESCUE DOG SHELTER - 1400 CHILDRESS ST - WELLINGTON, TX 79095	85-2898021	501C3	55,000.	0.			GENERAL SUPPORT
WEST TEXAS AANDM UNIVERSITY FOUNDATION - WTAMU BOX 60766 - CANYON, TX 79016	75-6036665	501C3	129,842.	0.			STUDENT AID
WESTMINSTER PRESBYTERIAN CHURCH 2525 WIMBERLY AMARILLO, TX 79109	75-0886454	501C3	57,351.	0.			PROGRAM SUPPORT
WHEELER AREA ACTIVITIES AND IMPROVEMENTS COUNCIL - P O BOX 489 - WHEELER, TX 79096	75-2485373	501C3	131,832.	0.			GENERAL SUPPORT
WHEELER HISTORICAL MUSEUM PO BOX 73 WHEELER, TX 79096	81-4125922	501C3	19,551.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE DEER INDEPENDENT SCHOOL DISTRICT - PO BOX 517 - WHITE DEER, TX 79097	75-6002758	GOVERNMENT	55,000.	0.			STUDENT AID
WHITE DEER LAND MUSEUM P O BOX 1556 PAMPA, TX 79066	75-2505977	501C3	13,660.	0.			GENERAL SUPPORT
WHITE DEER-SKELLYTOWN LIGHTHOUSE FOOD PANTRY - P O BOX 812 - WHITE DEER, TX 79097	20-8031304	501C3	35,535.	0.			GENERAL SUPPORT
WHITE STONE MINISTRIES DBA THE WORD IS OUT - P O BOX 96 - WILMORE, KY 40390	34-2044996	501C3	75,000.	0.			PROGRAM SUPPORT
WILD WEST WILDLIFE REHABILITATION CENTER - 2901 N SONCY RD - AMARILLO, TX 79124	81-3303679	501C3	95,406.	0.			GENERAL SUPPORT
WINDOW ON A WIDER WORLD PO BOX 9258 AMARILLO, TX 79105	75-2944275	501C3	18,814.	0.			PROGRAM SUPPORT
WOODLANDS ELEMENTARY PARENT TEACHER ORGANIZATION - 2501 N COULTER ST - AMARILLO, TX 79124	82-4197592	501C3	10,000.	0.			PROGRAM SUPPORT
YOUNG LIFE OF AMARILLO, INC. PO BOX 9277 AMARILLO, TX 79105	84-0385934	501C3	136,755.	0.			GENERAL SUPPORT
YOUTH SUCCESS PROJECT PO BOX 10243 AMARILLO, TX 79116	82-2827436	501C3	6,643.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

[illegible]



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ACADEMIC SCHOLARSHIPS	1177	1,595,162.	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 &amp; SYBIL HARRINGTON FOUNDATION (HF), REFERRED TO

COLLECTIVELY AS THE "FOUNDATION", REVIEW GRANT REQUESTS AT EACH REGULAR

MEETING OF THE BOARD OF DIRECTORS.

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

**Part IV** Supplemental Information

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**AMARILLO AREA FOUNDATION, INC.**

Employer identification number  
**75-0978220**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023



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[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**AMARILLO AREA FOUNDATION, INC.**

Employer identification number

**75-0978220**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	5	215,250.	FMV DATE OF GIFTS
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( .....				
26 Other ( .....				
27 Other ( .....				
28 Other ( .....				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023

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

SCHEDULE M, LINE 32B:

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

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

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

IN THE TEXAS PANHANDLE THROUGH EFFECTIVE PHILANTHROPIC EFFORTS.

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

CURACAO, IRELAND, JERSEY, OTHER COUNTRY,

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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

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

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

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

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

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

FORM 990, PART VIII, LINE 2A

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

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
75-0978220

OMB No. 1545-0047  
**2023**

Open to Public  
Inspection

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

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

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

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

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

Schedule R (Form 990) 2023



**Part V** Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CITADELLE ART FOUNDATION	B	504,043. COST	
(2)	AAF COMMUNITY HEALTH FOUNDATION	B	139,890. COST	
(3)	THE DON & SYBIL HARRINGTON FOUNDATION	C	559,000. COST	
(4)	CITADELLE ART FOUNDATION	C	90,482. COST	
(5)	THE DON & SYBIL HARRINGTON FOUNDATION	L	1,280,186. COST	
(6)	SEE SCHEDULE R, PART VII	N	0. COST	

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE DON & SYBIL HARRINGTON FOUNDATION	R	39,600.	COST
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



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



Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2023**

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

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

Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>AMARILLO AREA FOUNDATION, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>919 S. POLK</b> City or town, state or province, country, and ZIP or foreign postal code <b>AMARILLO, TX 79101</b>	<b>D</b> Employer identification number  <b>75-0978220</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... <b>164,308,187.</b>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>CLAY STRIBLING</b> Telephone number <b>806-376-4521</b>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	56,503.
2 Reserved	2	
3 Add lines 1 and 2	3	56,503.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	56,503.
6 Deduction for net operating loss. See instructions	6	STATEMENT 3 42,503.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	14,000.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	13,000.

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,730.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,730.

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		2,730.
3a Amount due from Form 4255	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f		0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		2,730.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.

**Part III Tax and Payments** (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	<b>Total payments.</b> Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	163.
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed <b>STATEMENT 6</b>	9	2,893.
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	11	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>SEE STATEMENT 5</b>	Yes	No
		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? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <b>42,503.</b> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	523000	\$ 446,477.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title <b>PRESIDENT &amp; CEO</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	GARY D. MITCHELL	<i>Gary D. Mitchell</i>	11-8-24	P00005725
	Firm's name	CMMS CPAS & ADVISORS PLLC		Firm's EIN 85-3890541
	Firm's address	801 S FILLMORE, STE 600 AMARILLO, TX 79101		Phone no. 806-373-6661

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Form 990-T (2023)

FORM 990-T		LATE PAYMENT INTEREST				STATEMENT 1
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/24	2,730.	2,730.	.0800	184	112.
DATE FILED	11/15/24		2,842.			
TOTAL LATE PAYMENT INTEREST						112.

FORM 990-T		LATE PAYMENT PENALTY				STATEMENT 2
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE	05/15/24	2,730.	2,730.	6	82.	
DATE FILED	11/15/24		2,730.			
TOTAL LATE PAYMENT PENALTY						82.

FORM 990-T		PRE 2018 NOL SCHEDULE				STATEMENT 3
PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR					42,503.	
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6					42,503.	
SCHEDULE A PORTION OF PRE-2018 NOL						
SCHEDULE A ENTITY		SCHEDULE A SHARE				
1		0.				
TOTAL SCHEDULE A SHARE OF PRE-2018 NOL					0.	
NET OPERATING DEDUCTION					42,503.	
BALANCE AFTER PRE-2018 NOL DEDUCTION					14,000.	
EXPIRING NET OPERATING LOSSES					0.	
CARRY FORWARD OF NET OPERATING LOSS					0.	

FORM 990-T		PRE-2018 NET OPERATING LOSS DEDUCTION				STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
12/31/17	93,601.	51,098.	42,503.	42,503.		
NOL CARRYOVER AVAILABLE THIS YEAR			42,503.	42,503.		

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 5
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## NAME OF COUNTRY

CURACAO  
IRELAND  
JERSEY  
OTHER COUNTRY  
SINGAPORE  
LUXEMBOURG  
UNITED KINGDOM

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 6
TAX FROM FORM 990-T, PART IV		2,730.
UNDERPAYMENT PENALTY		163.
LATE PAYMENT INTEREST		112.
LATE PAYMENT PENALTY		82.
TOTAL AMOUNT DUE		3,087.

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

1  
OMB No. 1545-0047

**2023**

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

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

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

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 7</b>		<b>12</b> 112,504.		112,504.
<b>13</b> Total. Combine lines 3 through 12		<b>13</b> 112,504.		112,504.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> Total deductions. Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	112,504.
<b>17</b> Deduction for net operating loss. See instructions <b>STMT 8 STMT 10</b>	<b>17</b>	56,001.
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16	<b>18</b>	56,503.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D .....				
3	<b>Total rents received or accrued.</b> Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	<b>Total deductions</b> (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	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11	<b>Total dividends-received deductions</b> included in line 10 .....				0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b>			0.	0.

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

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

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

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

Schedule A (Form 990-T) 2023

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

A	B	C	D

<b>a</b>				
<b>3</b>	Direct advertising costs by periodical .....			
<b>a</b>	Add columns A through D. Enter here and on Part I, line 11, column (B) .....			<b>0.</b>

4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....				
5	Readership costs .....				
6	Circulation income .....				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....				0.

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1			0.

<b>Part XI</b>	<b>Supplemental Information</b> (see instructions)
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FORM 990-T (A)	OTHER INCOME	STATEMENT 7
DESCRIPTION		AMOUNT
INCOME FROM PARTNERSHIPS - UNRELATED BUSINESS INCOME		112,504.
TOTAL TO SCHEDULE A, PART I, LINE 12		112,504.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 8
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
446,477.	56,001.	390,476.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	256,304.	81,302.	175,002.	175,002.
12/31/20	136,710.	0.	136,710.	136,710.
12/31/21	113,181.	0.	113,181.	113,181.
12/31/22	21,584.	0.	21,584.	21,584.
NOL CARRYOVER AVAILABLE THIS YEAR			446,477.	446,477.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 10
TAXABLE INCOME FROM ALL ENTITIES		112,504.
THIS ENTITIES PORTION OF TAXABLE INCOME		112,504.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS		100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS		42,503.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS		70,001.
80% INCOME LIMITATION		56,001.
POST-2017 AVAILABLE		446,477.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION		56,001.

**Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

**2023**Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>AMARILLO AREA FOUNDATION, INC.</b>	Employer identification number <b>75-0978220</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....	1	2,730.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c Credit for federal tax paid on fuels (see instructions) .....	2c	
d Total. Add lines 2a through 2c .....	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	2,730.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	2,730.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	04/15/23	06/15/23	09/15/23	12/15/23
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	683.	682.	683.	682.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column .....	14		683.	1,365.	2,048.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		683.	1,365.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	683.	682.	683.	682.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

**Part IV** Figuring the Penalty

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	20			
<b>21</b> Number of days on line 20 after 4/15/2023 and before 7/1/2023	21			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$	22	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023	23			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$	24	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024	25			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$	26	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE ATTACHED WORKSHEET		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$	28	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024	29			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024	31			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025	33			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025	35			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$ 163.		

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) <b>AMARILLO AREA FOUNDATION, INC.</b>				Identifying Number <b>75-0978220</b>	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/23	683.	683.	61	.000191781	8.
06/15/23	682.	1,365.	92	.000191781	24.
09/15/23	683.	2,048.	15	.000191781	6.
09/30/23	0.	2,048.	76	.000219178	34.
12/15/23	682.	2,730.	16	.000219178	10.
12/31/23	0.	2,730.	136	.000218579	81.
Penalty Due (Sum of Column F). .....					<b>163.</b>

\* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)					Identifying Number
AMARILLO AREA FOUNDATION, INC.					75-0978220
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/23	683.	683.	61	.000191781	8.
06/15/23	682.	1,365.	92	.000191781	24.
09/15/23	683.	2,048.	15	.000191781	6.
09/30/23	0.	2,048.	76	.000219178	34.
12/15/23	682.	2,730.	16	.000219178	10.
12/31/23	0.	2,730.	136	.000218579	81.
Penalty Due (Sum of Column F).					

\* Date of estimated tax payment, withholding credit date or installment due date.



DETAIL CARRYOVER SCHEDULE

Type and Entity: PRE-2018 NOL FED

Section 382 Annual Limitation

Section 382 Carryover

Year	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/15	Amount Used for 12/31/16	Amount Used for 12/31/23	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2017	93,601.	93,601.	19,784.	31,314.	42,503.						
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
E	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
S											
B											
C											
A											
B											
C											
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