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Farm **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A	FOR THE	$= 2009$ calendar year, or tax year beginning SEP_1 , 2009 and ending	<u>AUG 31, 2010</u>	
В	Check If applicable	Please use IRS	D Employer identifi	cation number
Г	Addre	ss label or		
	Name change	type Doing Business As	75-6	029084
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Termin	Specific Instruction BOX 447	806-	371-5007
	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	21,992,771.
	Applic	AMARILLO, TX 79178	H(a) Is this a group re	etum
	pendir	F Name and address of principal officer: TERRY BERG	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		e: NONE	H(c) Group exemption	
	Form of	organization: X Corporation Trust Association Other ► Ly Summary	ear of formation: 1962 N	M State of legal domicile: TX
_	1	Briefly describe the organization's mission or most significant activities: THE AMAR	ILLO COLLEGE	FOUNDATION
Governance		IS A NON-PROFIT AND TAX-EXEMPT FOUNDATION WH	ICH SEEKS TO	PROMOTE
Ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	1
Š	3	Number of voting members of the governing body (Part VI, line 1a)		27
≪	1	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	27
Activities &		Total number of employees (Part V, line 2a)		0
ξ		Total number of volunteers (estimate if necessary)	<u>6</u>	0
AG	1	Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		0.
Clentua SE		Contributions and greats (Dark VIII line 4 b)	Prior Year	Current Year
<u>بَوْ</u> ءَ	8	Contributions and grants (Part VIII, line 1h)	676,083.	1,965,258.
- jo	9	Investment income (Det VIII column (A) Inno Q A and 7d\	-6,634,288.	722,416.
Œ	11		645,253.	
_	12	Other revenue (Part Ythrogrum) (A) Fines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines & through 11- (must equal Part VIII, column (A), line 12)	-5,312,952.	2,940,476.
ਙ	13	Grants and similar amounts paid (Part IX, colonia (A), lines 1-3)	1,112,754.	649,789.
JAN 2sesuedxaj	14	Benefits paid toor for Aethbers (Part IX, Icolurn; (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	187,818.	
~§ Ses	15		107,010.	
Xpen.	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 42,793.		
<u></u>	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	279,408.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,579,980.	
		Revenue less expenses Subtract line 18 from line 12	-6,892,932.	1,973,548.
Net Assets or Fund Balances		Table and (Dad V. Fra 40)	Beginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	24,897,389.	27,358,674.
et :	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	2,326. 24,895,063.	27,358,674.
EP.	antill.		24,023,003.	47,330,074.
25.	24:3	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	nts, and to the best of my knowled	ige and belief, it is true, correct,
		and complete Declaration of preparer (other then officer) is based on all information of which preparer has any knowled	edge /	/
Sig		Signature of officer	1 /12	12011
He	re		Duto	
_		Type or print name and title		
Pai	d	Preparer's Date	Self- (see in	rer's identifying number structions)
Pre	parer's	signature / // // // // // // // // // // // //	employed >	
	Only	yours if CONNOR MCMIDDON MIICHEDD & SHENNOM	PLLC EIN ▶	
		self-employed), address, and P.O. BOX 15650	n	06 272 6661
		ZIP+4 AMARILLO, TX 79105	Phone no. ► 8	06-373-6661
<u>ма</u>	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

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	1 990 (2009)		LO COLLEGE FOUNDATION	75-6029084 Page 2
Ŗā	Statement of	of Program Service	Accomplishments	
1	Briefly describe the o	rganization's mission:		
-	•	-	UNDATION IS A NON-PROFIT	AND TAX-EXEMPT
			TO PROMOTE EXCELLENCE AT	
	FOUNDATION	WILLOW DEEKS .	TO PROMOTE EXCEDIENCE AT	AMARIDHO COLLEGE.
				
	Did the exercises :			\ !!-4-d
2	*		program services during the year which were not	
	the prior Form 990 or			Yes X No
	If "Yes," describe the	se new services on Sched	tule O.	
3	Did the organization of	ease conducting, or make	e significant changes in how it conducts, any pro	ogram services? Yes X No
	If "Yes," describe the	se changes on Schedule (0.	
4	Describe the exempt	purpose achievements for	r each of the organization's three largest prograr	n services by expenses.
	-		nd section 4947(a)(1) trusts are required to repor	
		• • • •	evenue, if any, for each program service reported	-
	allocations to others,	and total expenses, and re	svolue, ii wiy, for odon program service reported	<i>4.</i>
4-	(Codo:	\ (Fyrange &	734,425. including grants of \$ 64	9,789.)(Revenue\$)
4a	(Code:			
		*····		OTHER INSTITUTIONAL
			LEGE. 1,405 STUDENTS REC	
	AID MONEY.	ONE GRANT WAS	S AWARDED TO NONPROFIT É	NTITY. THERE IS NO
	SIGNIFICANT	' INVOLVEMENT	IN ANY GRANT PROGRAMS.	
				
			·	
				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
		· · · · · · · · · · · · · · · · · · ·		
				
		·		
			-	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	(0000.	/ (mandamig g.a.mo o. v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				
			-	
	 	 _		
				
				
				
4d	. •	es. (Descnbe in Schedule	O.)	
	(Expenses \$	ıncluding	grants of \$) (Revenue \$)
4e	Total program servi	ce expenses ▶\$	734,425.	

Form 990 (2009) THE AMARILLO [Rait] Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes, "complete Schedule C, Part III	5		L
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_ <u> </u>		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	- -		
		40		x
44		10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X		v	
_	as applicable	11	X	100 1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1. 1944. 1. 1944.	春湯
_	Part VI.			3 m 3
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	支端	A MARTY	1.00 m
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII.	1800		\$ 1 d
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	(3.1 v) 数 (v)		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		7	
•	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? If "Yes," complete Schedule D, Part IX.	, 18 m	. 5%	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	read .	, A	ا پاڻ سان هند
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	2		500 Sep. 1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	Property of the Control of the Contr	egri Johnson	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			200
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Sec.		1. Jan.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Part III	16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ 		
••	askiron (A) lines Cond 44 of K N/co I complete Ophodule Of Dodd	17		\mathbf{x}_{-}
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'' -		43
	45 and 050 K N/s & constitute Oaks date O. Dord II	40	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
ıJ		40		v
20		19		X
<u>20</u> _	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000 4	2000\

Partily Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 25 24a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 <u>34</u> 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ... 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 . . 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form **990** (2009)

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1/32	1,00
	U.S. Information Returns. Enter -0- if not applicable		-6	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		~	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		٠, :	37
-	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	1::		13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	17.	, ·	ر. در
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	3466	7	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	4 .		
	Financial Accounts.	316.00	7 × 2 × 4	多次
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			ļ
	Tax Shelter Transaction?	5c_		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	1. 44	2007
7	Organizations that may receive deductible contributions under section 170(c).	`*86c:		77.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			l
	provided to the payor?	7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		1,7
	to file Form 8282?	7c	teurs	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	(4)		*
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			X
	benefit contract?	7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	_	
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	-	\vdash
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	1.24		1,7
	at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	3,2- 5	\$50	1.2.1
а	Did the organization make any taxable distributions under section 4966?	9a		×
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	"	,	
.о	Initiation fees and capital contributions included on Part VIII, line 12	\ \} ²	4.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	, a,		
11	Section 501(c)(12) organizations. Enter:	1.	May .	
··	Gross income from members or shareholders	3 %	1.34	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	Fin i	,	ŀ.
~	amounts due or received from them.)		3.	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		;	

Form 990 (2009) THE AMARILLO COLLEGE FOUNDATION 75-6029084 Page 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 in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a		27	• ~	
b	Enter the number of voting members that are independent	27 × ·	*	-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	, , <u>, , , , , , , , , , , , , , , , , </u>	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	İ		
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	İ	<u>'</u>	1
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	L	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1.5		
	by the following:		1	
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u></u>	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		l	l
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	_ 38594
11A		460		-29
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		3,7	
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40	₩.	ĺ
49	Does the organization have a written whistleblower policy?	12c	X	
13 14	Does the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1,20	K.	5999
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>	7.5	- 502
	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
	Other officers or key employees of the organization	15b	 	X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	100	1307 6	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	THE STATE OF THE S		
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		85.	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		100	1
	exempt status with respect to such arrangements?	. 16b		
Sec	tion 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 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) availa	ble for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nzation.	>	
	SHARON DOGGETT - (806)371-5007			
	P.O. BOX 447, AMARILLO, TX 79178			
			000	

932007 02-04-10

Form 990 (2009)

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

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. Use Schedule J-2 if additional space is needed.

- 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. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation	amount of
	per week	ģ					l	from the	from related organizations	other compensation
	Week	ndividual trustee or director			ĺ	Eg.	ļ	organization	(W-2/1099-MISC)	from the
	{	nstee	nstitutional trustee		, .	Sea	ĺ	(W-2/1099-MISC)	(17 12 1000 111100)	organization
		T FEE	fional		P S	S S				and related
		india Age	Institu	Officer	Key employee	Highest compensated employee	Former			organizations
DAVID JOHNSON		-		_		-	-			
DIRECTOR	1.00	x)			0.	0.	0.
ALAN RHODES										
CHAIRMAN	1.00	X		X			1	0.	0.	0.
JULIE BIVINS								1		
DIRECTOR	1.00	X				l		0.	0.	0.
TERRY BERG										
TREASURER	1.00	X		X		L	<u> </u>	0.	0.	0.
PAUL MATNEY, ED.D	l .			i						
DIRECTOR	1.00	X						0.	167,030.	31,498.
LILIA ESCAJEDA	i									
DIRECTOR	1.00	X				<u> </u>	_	0.	0.	0.
JIM MARCUM						'	1			
DIRECTOR	1.00	X				<u> </u>	ļ	0.	0.	0.
STAN ADELMAN, ED.D						1		_ 1	_	_
DIRECTOR	1.00	X						0.	0.	0.
BRIAN BRUCKNER		<u> </u>						<u> </u>		
DIRECTOR	1.00	X					<u> </u>	0.	0.	0.
SHARON OESCHGER	1 00									_
VICE CHAIRMAN	1.00	X		X	<u> </u>		\vdash	0.	0.	0.
CLAUDETTE DOVE	1 00						ĺ			•
DIRECTOR	1.00	X	-	_	-		├-	0.	0.	0.
BETH DUKE	1 00	v					1		0	•
DIRECTOR	1.00	<u> </u>	├─	-	-	<u> </u>	├	0.	0.	0.
PAT WARE DIRECTOR	1 00	v				i		0	•	•
DYANN FOLKNER	1.00	♣	 	-		-	├-	0.	0.	0.
DIRECTOR	1.00	.						0.	0.	•
MICHELE FORTUNATO	1.00	^	-	-	_	<u> </u>	⊢	<u> </u>		0.
DIRECTOR	1.00	v.						0.	0.	0.
BUD JOYNER, ED.D	1.00	Α	-	-	-	┢	-		U.	<u></u>
DIRECTOR	1.00	v.				ļ		0.	0.	0.
GERRY MCKAY	1.00	^	-	\vdash			\vdash	1		<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
DIMECION	1 1.00	1 47		<u> </u>	Щ	Ц	L	<u> </u>		- 222

(A) Name and title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GAY MILLS										
DIRECTOR	1.00	X			_	L		0.		0.
FAY MOORE						•			_	_
DIRECTOR	1.00	X		_	<u> </u>	<u> </u>	<u> </u>	0.	C	0.
DON NICHOLSON DIRECTOR	1 00					l			,	
CORY RAMSEY	1.00	<u> </u>			-	├	-	0.	C	0.
DIRECTOR	1.00	x				ļ		0.	C	0.
MARK WHITE	1.00	^				-		U .		<u>, , , , , , , , , , , , , , , , , , , </u>
DIRECTOR	1.00	x						0.	c	0.
BILLIE FAYE SCHUMACHER		-	<u> </u>							
DIRECTOR	1.00	x						0.	C	0.
TERRY SHELDON										
DIRECTOR	1.00	X				_		0.	0	0.
GREG WELCH										
DIRECTOR	1.00	X				<u> </u>	<u> </u>	0.	C	0.
BOB WILLIAMS	1 00					ŀ			_	
DIRECTOR NANCY WILLIAMS	1.00	X						0.	C	0.
SECRETARY	1.00	v		x				0.	•	0.
1b Total	1.00	Α		Δ		_		0.	280,069	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	OOVE	e) wt	no re			() JI, 4JU.
compensation from the organization						,			,	0
										Yes No
3 Did the organization list any former officer,			, ke	em /	plo	уөө,	or h	nighest compensated er	nployee on	1 198 - 125 /
line 1a? If "Yes," complete Schedule J for s		••								. 3 X
4 For any individual listed on line 1a, is the su								·	the organization	taki i sama masada (a salada da
and related organizations greater than \$156 5 Did any person listed on line 1a receive or a								•		. 4 X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				IOIII	arry	UIII	CIA	eu organization for serv	ces rendered to	5 X
Section B. Independent Contractors	dic o loi sucii	<u> </u>	<u> </u>		····	••	••			13 A
Complete this table for your five highest co the organization. NONE	mpensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsation from
(A)							Ī	(B)		(C)
Name and business	address							Description of s	ervices	Compensation
									,	
										
							\dashv			
							\dashv			
							\perp			
									[
									1926	5,000 / 5 4 3 6 6 6 7 7
2 Total number of independent contractors (i		ot lir	nıte	d to		_	sted	above) who received m	ore than	
\$100,000 in compensation from the organic			—,	177	_	<u>) </u>	.	A COMMINITARIA MIT		386. / Ye 'S.

		(2009) THE A	MARILLO	COLLEGE	FOUNDATION	<u></u>	75-6029	084 Page 9
128	ιtζV	Statement of Rever	1ue	- 5/8AACT 998 - 40.			<u> </u>	
T L					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
grai	t	Membership dues	1b					
ts, am	C		1c		(* * * * * * * * * * * * * * * * * * *			
gifts, Ilar ar	•	d Related organizations		. —			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
sim	•	Government grants (contribut				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	3. T. 4	
Perio	f	All other contributions, gifts, gran	1 1	4065050		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	医多囊菌类	
급형		similar amounts not included abo		1965258.				
Contributions, and other sim		Noncash contributions included in lines			106525			ं होर्ने े जातन्त्र
<u>-</u>	<u>_</u>	1 Total. Add lines 1a-1f . ,		Business Code	<u> 1965258.</u>	20 10 10 10 10 10 10 10 10 10 10 10 10 10		
	2 a	1		<u>Business Code</u>	a dak ku bububata		a and south a second	2 % 3/4 3/4 (F)
Ş.	_ t			· · · · · · · · · · · · · · · · · · ·				
Program Service Revenue	-	>						
E S	c	1						
.6g	e							
ة ا	f	All other program service reve	nue					
\dashv	c	Total. Add lines 2a-2f		· >		133072847	**************************************	<u> </u>
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			845,908.			845,908.
	4	Income from investment of tax	k-exempt bond p	proceeds	004 046			
	5	Royalties	<u> </u>	Þ	234,816.	7 - 14 2 - 3		234,816.
	6 -	Gross Rents	(i) Real	(ii) Personal	1 (c) 1 (c)			
	6 a			 	1. 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- , , , , , , , , , , , , , , , , , , ,
Ì	6	Rental income or (loss)					ું ફુજ વક	
	d			•		ا کا ساماً اساً ا	سبع دسکتین کی ع	
	7 a	Gross amount from sales of	(i) Secunties	(ii) Other	1 10 10 10 10 10 10 10 10 10 10 10 10 10	1 3755	· 'v	2 1 1 2
		assets other than inventory	18,928,803					
	b	Less: cost or other basis						
		and sales expenses .	19,052,295,		1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	/. " · " · " · " · " · " · " · " · " · "		139
		Gain or (loss)	-123,492,		and the form			· Camana S
		Net gain or (loss)		,	-123,492.	· · · · · · · · · · · · · · · · · · ·		<u>-123492.</u>
e	8 a	Gross income from fundraising	- '			4		3 2 3 1
Other Revenue		including \$	of		16 Sec. 1 15 cm.	·	, ,,{	* * * * * * * * * * * * * * * * * * * *
8 B		contributions reported on line Part IV, line 18	-	17,183.		(5 / ₂ /		1960 A. C.
je l	h	Less: direct expenses	a				3. 7	and the second
ŏ	c			D	17,183.	N 2000	≟ ۱ د شما	17 183
		Gross income from gaming ac	-		7 / / X		, ,	17,100.
		Part IV, line 19	. a				w 24	
	b	Less: direct expenses	b			ĺ., , ,	_	
	c	: Net income or (loss) from gam	ing activities	▶				
l	10 a	Gross sales of inventory, less	returns		· · · · ·			7.
		and allowances .	a			,	,	
		Less: cost of goods sold .	b	L		· / / ` `	1,	· / ,
ł		Net income or (loss) from sales		.				
ł		Miscellaneous Revenue		Business Code	· ‹		,	() L
		SCHOLARSHIP REF	מתעט	611710	803.	803.		
	b							
	, d	All other revenue		<u> </u>		·		
	e	Total. Add lines 11a-11d		•	803.			
	12	Total revenue. See instructions.			2940476.	803.	0.	974.415.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses **expenses** LINE TO Z Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 ... 13,543 13,543 Grants and other assistance to individuals in 636,246 636,246 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 113,039. 84,636. 16,955. 11,448. Management а Legal b Accounting ... C Lobbying . . . d The state of the s Professional fundraising services. See Part IV, line 17 Investment management fees 76,995 76,995 f a Advertising and promotion 12 13 Office expenses Information technology .. . 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) OIL & GAS PROP. EXP. 48,941 48,941 <u>46,819</u> 46,819 TRUSTEE FEES 31,345 MISC FUND-RAISING EXP. All other expenses 966,928. 189,710. 734,425. 42,793. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here
if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2009)
RantiX Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	202,474.	1	60,247.
	2	Savings and temporary cash investments	420,195.	2	456,086.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,131.	4	14,454.
	5	Receivables from current and former officers, directors, trustees, key		75.UX	
		employees, and highest compensated employees. Complete Part II		,	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	逐渐, 然后各个	17.	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	Maria Land	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Part II of Schedule L		6	
ā	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	10,000.	9	10,000.
i	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	Jakani Salahami La		Samuel St. C. C. Samuel
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	23,399,767.	11	25,988,135.
	12	Investments - other securities. See Part IV, line 11	<u> </u>	12	
ĺ	13	Investments - program-related. See Part IV, line 11		_13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	849,822.	15	829,752.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,897,389.	16	27,358,674.
	17	Accounts payable and accrued expenses	2,326.	17	
	18	Grants payable		_18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ties	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	1 1 20 to 10 at 1 2 at 1 4 2 3
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		374.	
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Augustian Caracian	لتستقل	March Marchester 1998
	23	of Schedule L		22	· · · · · · · · · · · · · · · · · · ·
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
ļ	2 4 25	Other liabilities. Complete Part X of Schedule D		24	
	26	Total liabilities. Add lines 17 through 25	2,326.	25 26	0.
\neg		Organizations that follow SFAS 117, check here	2,320.	_20	0.
ဖ		lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	and the same of the same	27	Ref. Association and the Color
ala	28	Temporarily restricted net assets		28	
B)	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117, check here	1 3,22 4 24 4	2 3	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ا ا		complete lines 30 through 34.		,	· 第四日的
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	4,038,358.	30	5,344,921.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
¥	32	Retained earnings, endowment, accumulated income, or other funds	20,856,705.	32	22,013,753.
ž	33	Total net assets or fund balances	24,895,063.	33	27,358,674.
					-,,000,0131

Form **990** (2009)

	1990 (2009) THE AMARILLO COLLEGE FOUNDATION 75-602	<u>9084</u>	Pa	ge 12
Pa	TEXII Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	100		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	2.53		(A.)
2a		2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		為公	250
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	100		
	consolidated basis, separate basis, or both:	5 G G		\$0, N
	Separate basis Consolidated basis Both consolidated and separate basis	14.4		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	}		
	Act and OMB Circular A-133?	3a		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 in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009)

SCHÈDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

Name of the organization

Employer identification number

		D	t- D-I-II- OI	KILLO COPPE	<u> </u>	MDALT	OTA				5-6029084
A CONT	rt l	· · · · · · · · · · · · · · · · · · ·		rity Status (All organiz			$\overline{}$		tructions.		
The	organ			because it is: (For lines			-				
1	Щ	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).		
2	닏			70(b)(1)(A)(ii). (Attach So	•						
3				rtal service organization							
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter ti	he hospital's name,
		city, and stat									
5	X	An organizati	ion operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental un	it describe	ed in
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)							
6	\square	A federal, sta	ite, or local governn	ent or governmental uni	t described	d ın sectio	n 170(b)(1)(A)(v).			
7		An organizati	ion that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (Comple	ete Part II.)							
8	\square			section 170(b)(1)(A)(vi).							
9	Ш	An organizati	on that normally red	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	nd-gross receipts from
		activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ons, and (a	2) no more	than 33 1	1/3% of its	support	from gross investment
		income and u	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization a	after June 30, 1975.
		See section	509(a)(2). (Complet	e Part III.)							
10	\square	-	=	perated exclusively to te	•				•		
11	Ш			perated exclusively for the							
				ations described in secti				2). See se c	ction 509(a)(3). Che	eck the box that
				organization and compl		_					1
	\Box	a Type I			Typ						Type III - Other
e				at the organization is not							
				than one or more publicly						9(a)(1) or s	section 509(a)(2).
f				tten determination from	the IHS tha	atitisa Iy	ре I, Туре	II, or Type	ə III		
_			rganization, check t								
g		=		organization accepted ar			•		• •		[,] ,
				lirectly controls, either al		euner with	persons c	iescribea	ın (II) and (iii) below,	Yes No
		-		upported organization? n described in (i) above?						••	11g(i)
			•	i person described in (i) above i							11g(ii)
h				about the supported or			••••				11g(iii)
"		Flovide tile it	ollowing anomation	about the supported of	yarıızanorı	(8).					
	Mana	-£	(P) FIN	(iii) Type of	(iv) Ic the o	rganization	(v) Did vo	notify the	(vi) ls	the	
(1)		of supported nization	(ii) EIN	organization		sted in your			organizati	on in col.	(vii) Amount of
	orga	mzadon		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U.S	.?	support
				(see instructions))	Yes	No	Yes	No	Yes	No	
								<u> </u>			
										T	
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Schedule A (Form 990 or 990 EZ) 2009 T	HE AMARIL	LO COLLEG	E FOUNDAT	ION	75-602	9084 Page 2
<u> </u>	_		Sections 170	p)(1)(A)(IV) and	2 170(B)(1)(A)(V	1)
(Complete only if you checke	d the box on line 5	, 7, 01 6 01 Part 1.)				
Section A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not			·			
include any "unusual grants.")	1,917,757.	1,883,553.	895,511.	676,083.	1,965,258.	7,338,162.
2 Tax revenues levied for the organ-						
ization's benefit and either paid to					}	
or expended on its behalf						
3 The value of services or facilities			. —			-
furnished by a governmental unit to						
the organization without charge					, ,	
4 Total. Add lines 1 through 3	1,917,757,	1,883,553.	895,511.	676,083.	1,965,258,	7,338,162,
5 The portion of total contributions		331113	A. 37 (2)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
by each person (other than a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
governmental unit or publicly	1.5-1.5-1.4			The state of the		
supported organization) included						
on line 1 that exceeds 2% of the	**************************************		7 GO 22 S TAGET	Jan Salar		
amount shown on line 11,			A STATE OF THE STA			
column (f)		14.233 . J. J. J.			1 11 11 11 11 11	4 000 486
6 Public support. Subtract line 5 from line 4	1 - 23 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	10/2		S. Carlotte S. Car		1,906,176,
Section B. Total Support	L &(^/_ *		<u> </u>	7.35	-1 "2" 1,	5,431,986.
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(O Tetal
7 Amounts from line 4	1,917,757.		895,511.	676,083.		(f) Total
8 Gross income from interest,	1,91/,/5/,	1,883,553.	033,311.	070,003.	1,965,258.	7,338,162,
-]	
dividends, payments received on						
securities loans, rents, royalties	1 001 000					
and income from similar sources	1,964,666.	1,614,187.	1,773,082.	1,443,647.	1,080,724.	7,876,306.
9 Net income from unrelated business						
activities, whether or not the		-				
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital					1	
assets (Explain in Part IV.)		* **·	35*	/ / ·×.	3.0	
11 Total support. Add lines 7 through 10	31.32	1. 100 1. 1. 1. 1. 1.		<u> </u>		15,214,468.
12 Gross receipts from related activities,					12	<u>193,566.</u>
13 First five years. If the Form 990 is for						
organization, check this box and stop Section C. Computation of Publ	here	······································		· ···	<u> </u>	
14 Public support percentage for 2009 (olumn (f))		14	<u>35.70 %</u>
4 - Dublis		II, line 14			15	<u>32.90 %</u>
15 Public support percentage from 2008						
15 Public support percentage from 2008 16a 33 1/3% support test - 2009. If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	rganization did not	check the box or		4 is 33 1/3% or m 	ore, check this box	and X
16a 33 1/3% support test - 2009.If the o	rganization dıd not as a publicly supp	t check the box or orted organization				▶ X
16a 33 1/3% support test - 2009.If the o stop here. The organization qualifies	rganization dıd not as a publicly supp rganızation dıd not	t check the box or orted organization t check a box on li	ne 13 or 16a, and l			▶ X
16a 33 1/3% support test - 2009. If the o stop here. The organization qualifies b 33 1/3% support test - 2008. If the o	rganization dıd not as a publicly supp rganızation dıd not ifies as a publicly s	t check the box or orted organization t check a box on li supported organiza	ne 13 or 16a, and l ation	 Ine 15 is 33 1/3% 	or more, check thi	s box
 16a 33 1/3% support test - 2009. If the o stop here. The organization qualifies b 33 1/3% support test - 2008. If the o and stop here. The organization qualifies 	rganization did not as a publicly supp rganization did not ifies as a publicly s t - 2009.If the orga	t check the box or orted organization t check a box on li supported organiza anization did not ci	ne 13 or 16a, and lation ation heck a box on line	 Ine 15 is 33 1/3% 13, 16a, or 16b, a	or more, check thing nd line 14 is 10% c	s box

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009						Page 3
Rantilli Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	if you checked the bo	x on line 9 of Part I.)
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						···· <u></u>
7a Amounts included on lines 1, 2, and			\]	
3 received from disqualified persons				<u></u>		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Totai
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	L		1			

14 First five 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

<u>Sec</u>	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

1	b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	ı
	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	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
OpenitoRublic

Name of the organization THE AMARILLO COLLEGE FOUNDATION Employer identification number 75-6029084

Ra	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
		······································	· — —
Pai	till Conservation Easements. Complete if the on	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or p		stoncally important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year >		J J
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	TIII Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ablic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of		
	these items:	·	
	(i) Revenues included in 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 tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1		- . ,
а	Devenues included in Form 000, Dest VIII, East		▶ \$
	Assets included in Form 990, Part X		> \$
	•		· · · · <u>- · ·</u>

		RILLO COLL				5-60290	
Pa	Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Otl	her Simila	r Assets (co	ntinued)
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	e following that are a	significant us	se of its collect	tion items
	(check all that apply):						
а	Public exhibition	d	I <u> </u> Loan or ex	change programs			
b	Scholarly research	е	e Dther				
c	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's ex	cempt purpos	e in Part XIV.	
5	During the year, did the organization solicit of						
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's	collection?		. Tyes	☐ No
Pai	Escrow and Custodial Arran					IV, line 9, or	
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ons or other assets n	ot included		
	on Form 990, Part X?		-			Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV				• ••		
	•	•	J			Amoı	unt
С	Beginning balance				1c		
d	Additions during the year				— — — — — — — — — — — — — — — — — — —		
e	Distributions during the year						
f	Ending balance						· · · · · · · · · · · · · · · · · ·
2a	Did the organization include an amount on F	orm 990. Part X. line	217			Yes	No.
	If "Yes," explain the arrangement in Part XIV				• •••		110
	Endowment Funds. Complete		swered "Yes" to F	orm 990. Part IV. line	10.		
(4-74-	am ally Abovy	(a) Current year	(b) Prior year	(c) Two years back		ars back (e) Fo	nur vears hack
1a	Beginning of year balance	(e) comon you	(b) i noi your	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ALL A		The territory of the con-
h	0			** **********************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	Net investment earnings, gains, and losses			15. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		2 7 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3	1.5 4 March 21 2 2 2
4	Grants or scholarships				100 C 100 C	200	
u	Other expenditures for facilities			7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	A 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	12 19 19 19 19 19 19 19 19 19 19 19 19 19	18 88
-				The state of the s			
	Administrative expenses			127			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
				1. S.	34350		A State of A
g	Provide the estimated percentage of the year			102 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.2 2.3% ()	1 10.73 13900	******************
2	Board designated or quasi-endowment						
a	Permanent endowment		_%				
b	\	⁷⁰					
C					. 41		
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are neid	and administered to	r tne organiza	tion	N 1 1
	by:					<u> </u>	Yes No
	(i) unrelated organizations					3a(
						. 3a(i	
_	If "Yes" to 3a(ii), are the related organization:	•				<u>3b</u>	<u> </u>
4 1000	Describe in Part XIV the intended uses of the			0.00.4.8.140			
(Cai	······································		· · · · · · · · · · · · · · · · · · ·				
	Description of investment	(a) Cost or o basis (investr	1 ' '	' '	Accumulated lepreciation	(d) Bo	ook value
1a	Land				Y 51 7%		
b	Buildings						
C	Leasehold improvements						
d	Equipment						
	Other						
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c).)			0.

Schedule D (Form 990) 2009 THE AMARILI	O COLLEGE FOU	NDATION	<u>75</u> -	-6029084 Page 3
Partivil Investments - Other Securities. Se	e Form 990, Part X, line 1:	2. T		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuat st or end-of-year mark	
Financial derivatives			st of ond of your man	TOT VALIGO
Closely-held equity interests		<u> </u>		
Other				
			- 11 -111 - 12 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 	
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·		. ****	7 + W 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		The wife is a first	S. Miller Co. In Co. Co.	n kiloter karli ku Istina andi
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1	3.		
(a) Description of investment type	(b) Book value	C0	(c) Method of valuat st or end-of-year mark	
			st or end-or-year mark	
				
				
				
				·
			·····	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		13 - 41 / 18 / 18	<u> </u>	1 4 . L. M. 1 . M. 1 . J.
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
				
				
				
	_			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)	<u> </u>		
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Amount		/ 1/2
Federal income taxes			P. N.	
			•	
			\$ x	·, · · · · · · · · · · · · · · · · · ·
			, ,	
······································				
				3333 31
			1. 342	
			***	主等。代表文字
Tatal (Column (h) must savel form CCC, Dat V. and CCC	051		- 	to share a state of the
Total. (Column (b) must equal Form 990, Part X, col (B) line	· 20 / P			EAST EAST

	edule D (Form 990) 2009 THE AMARILLO COLLEGE FOUNDA'				<u>75-</u>	6029084	Page 4
<u>Pa</u>	祝义 Reconciliation of Change in Net Assets from Form 990 to A	\udit	<u>ed Finan</u>	cial S	tatemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1 1		2,940	,476.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	•		,928.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		• • • • • • • • • • • • • • • • • • • •	3		1,973	
4	Net unrealized gains (losses) on investments		• • • • • • • • • • • • • • • • • • • •	4			,063.
5	Donated services and use of facilities	•		5		400	,003.
6				6			
	Investment expenses			 	·		
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		400	0.50
9	Total adjustments (net). Add lines 4 through 8			9			<u>,063.</u>
10 ID≅	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and \$	<u>9</u>	741. D	10		2,463	<u>,611.</u>
	twill Reconciliation of Revenue per Audited Financial Statemen	ts w	itn Kever	iue pe	er Ketun		
1	Total revenue, gains, and other support per audited financial statements				. 1	3,517	<u>,387.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:]	
а	Net unrealized gains on investments	2a	49	<u>0,06</u>	3.		
b	Donated services and use of facilities	2b	. 8	6,84	8.		
C	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d			· · · · · · · · · · · · · · · · · · ·		576	,911.
3	Subtract line 2e from line 1	•			3	2,940	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•••• •		· 330	2,520	, . ,
٠	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь		4b	· · · · · · · · · · · · · · · · · · ·				
c	And the and an and at						0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4c	2,940	476
Da	TOTAL PEVENDE: Add lines 3 and 4c. (Fins must equal Form 990, Part I, line 12.)	nte V	Vith Eyna	ncoc i		<u> </u>	,4/0.
		165 4	vitii Expe	11363	pei nett		776
1	Total expenses and losses per audited financial statements			••	. 1 * •@%a	1,053	,//0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		^	- 0.			
а	Donated services and use of facilities	2a	8	<u>6,84</u>	8.		
b	Prior year adjustments	2b					
C	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d				. 2e		<u>,848.</u>
3	Subtract line 2e from line 1				. 3	966	,928.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				******		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
c	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	966	,928.
	NEW Supplemental Information				<u> </u>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	lines 1	a and 4. Pa	rt IV lin	es 1h and	2h: Part V. line	4. Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete						, 1 au t
	RT X: THE ORGANIZATION HAS NO FIN 48 FOOTNO					i momation.	
<u>r m</u>	XI A: IIII ONGANIZATION HAD NO FIN 40 FOOTNO.	110	MITUTA	110			
DTI	NAMOTAT CHAMPMENING						
C TI	NANCIAL STATEMENTS.						
							
					·		
					-		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public

Name of the organization

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

THE AMARILLO COLLEGE FOUNDATION

THE AMARILLO COLLEGE FOUNDATION

TO See Separate instructions.

THE AMARILLO COLLEGE FOUNDATION

TO See Separate instructions.

THE AMARILLO COLLEGE FOUNDATION

TO See Separate instructions.

Fundraising Activities required to complete this part	 Complete if the organization answert. 	ered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p	ion of ion of fundra (inclue rofess	non-g gover tising ding o tional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or Yes	
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		uant to	agre	ements under which	the fundraiser is to	be
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contrib	Did alser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•	1.5.13		<u> </u>
3 List all states in which the organization	on is registered or licensed to solicit i	unas	or nas	Deen notified it is ex	empt from registrati	on or licensing.

schedule G (Form 990 or 990-EZ) 2009 THE AMARILLO COLLEGE FOUNDATION 75-6029084 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events THEATER ARTSLITE NONE (add col. (a) through TICKET SALE SCHOLARSHIP 0 col. (c)) (event type) (event type) (total number) 17,183. 6,689 10,494 0. 1 Gross receipts 2 Less: Charitable contributions 6,689 10,494 17,183. Gross income (line 1 minus line 2) Cash pnzes Noncash prizes Direct Expenses Rent/facility costs 6 Food and beverages 7 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 17,183. Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses Yes % Yes Yes Volunteer labor 6 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? <u>9a</u> b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain:

administer charitable gaming?

Does the organization operate gaming activities with nonmembers?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

<u> </u>	ledule G (Form 990 or 990-EZ) 2009 THE AMARILLO COLLEGE FOUNDATION /5-6	<u> </u>	<u> </u>	<u>: Pa</u>	<u>age 3</u>
			Ţ	Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility 13a	%			
	An outside facility	%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
			W		
	Address >	2000 2000			
				* *	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15	ja l		
		3.7			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				1 200
	of gaming revenue retained by the third party > \$				
c	o If "Yes," enter name and address of the third party:	1187 180	2 N	Ř,	Z. (1)
		2.3	۶, 18 ق م	55° 77	
	Name				
				33°C	14
	Address	3			
		- (c)			
16	Gaming manager information:				
		1		2	
	Name			3.4	3
		- -			1
	Gaming manager compensation > \$	5,24		23	
		(S.)			
	Description of services provided	_ (1)		25.	繁殖
				1.84	
			12	3,25	11:2
				3.58	" :<;;;
	Director/officer Employee Independent contractor	. Sell		c d	3 9 3 3
		2.7	S X	201	3 3 3
	Mandatory distributions:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to			15.A	10 -4 5 18 h.i.i.
	retain the state gaming license?	17	'a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	- [.;	3 3	2	8
	organization's own exempt activities during the tax year 🕨 \$		¥. [.]	1.5	

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

2009 No. 1845-0047

2 Schedule I (Form 990) 2009 **Employer identification number** 75-6029084 (h) Purpose of grant SDUCATIONAL PROGRAMS or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(b) EIN (c) IRC section in a society of the section of t Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 : : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. : 13,543 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. THE AMARILLO COLLEGE FOUNDATION : : Enter total number of section 501(c)(3) and government organizations 501(C)(3) 75-2206268 Pariti General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations ... 1 (a) Name and address of organization BAPTIST COMMUNITY SERVICES Name of the organization AMARILLO, TX Control of

(f) Description of non-cash assistance 75-6029084 (e) Method of valuation (book, FMV, appraisal, other) | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Brankin Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: ANNUAL REPORTING IS REQUIRED FOR RECIPIENT (d) Amount of non-cash assistance 0 636,246. (c) Amount of cash grant THE AMARILLO COLLEGE FOUNDATION (b) Number of recipients 1405 (a) Type of grant or assistance ACADEMIC SCHOLARSHIPS Schedule I (Form 990) 2009 ORGANIZATIONS.

Page 2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

See separate instructions. Attach to Form 990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE AMARILLO COLLEGE FOUNDATION

Employer identification number 75-6029084

Pa	Questions Regarding Compensation			
			Yes	No
ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	~Ĩ	, *c*	-
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	l		,
	First-class or charter travel Housing allowance or residence for personal use	16.3	4.5	
	Travel for companions Payments for business use of personal residence	3 10	1	- œ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	40.5	J	* . , ~
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		. **	
		1	1	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1.0	1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	-		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		(A)	1.2	1.5%
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	150	, +8°	
	CEO/Executive Director. Check all that apply.	, 200	/ Jer -	1
	Compensation committee X Written employment contract	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	in.	*,**> ^*
	Independent compensation consultant Compensation survey or study	31:	*,	,
	Form 990 of other organizations X Approval by the board or compensation committee		. • • • • • •	
		- 1 × 1 × 1	* *	1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	140.64	(4) A	4. 749
	organization or a related organization:		11/2 / 27 28	20
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	. 4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	7,%	7,",*	37.5
		23	~ · /o	对 。
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	*	1.00	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1 1 1 1 1 1	
	contingent on the revenues of:	**		1
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.		25.3.70	1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		. 540	
	contingent on the net earnings of:		S	
а	The organization?	6a		X
b	Any related organization?	. 6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		_	
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations agation E2 4059 G(a)2	ا م	l	1

Schedule J (Form 990) 2009 THE AMARILLO COLLEGE FOUNDATION 75–6029084 [Partill officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(5)	(Q)	(E)	(F)
(А) Мате	- 	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in pnor Form 990 or Form 990-EZ
	8	0.	0	0	0	0	0	0
PAUL MATNEY, ED.D) E	167,030.			26,765.	4,733.	198,528.	0
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	(iii)							

Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the Organization

► See the Instructions for Form 990.

Employer Identification number 75-6029084

THE AMAR									75-602	9084
Partil Continuation of Officers, I		rust	tee			En	nple			
(A) Name and title	(B) Average				C) ation			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours	(c			that		ılv)	compensation	compensation	amount of
	per	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T	T	T		Ĭ,	from	from related	other
	week	_			l	oyee		the	organizations	compensation
		irects]			emp		organization	(W-2/1099-MISC)	from the
		000	幕			sate	ļ	(W-2/1099-MISC)		organization and related
		trust	ᆵ		e de	om o				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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TRACY DOUGHERTY					-			_		
MARKETING DIRECTOR	30.00	 		X	-	<u> </u>		0.	41,786.	10,134.
KATHY DOWDY	30.00	Ì		7.					45 006	0 244
DEVELOPMENT DIRECTOR	30.00	-		X	-	-	-	0.	45,206.	9,344.
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.



Name of the organization

Employer identification number

THE AMARILLO COLLEGE FOUNDATION /5-6029084
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXCELLENCE AT AMARILLO COLLEGE. THE ORGANIZATION WAS ORGANIZED TO
OBTAIN GIFTS AND GRANTS TO BE USED FOR THE DEVELOPMENT OF AMARILLO
COLLEGE. THE ORGANIZATION AWARDS SCHOLARSHIPS AND MAKES LOANS TO
STUDENTS AT AMARILLO COLLEGE WHO ARE WITHOUT BANKING OR OTHER CREDIT
PRIVILEGES.
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS OF THIS
ORGANIZATION IS COMPOSED OF NO MORE THAN 27 DIRECTORS INCLUDING THREE
MEMBERS OF THE AMARILLO COLLEGE BOARD OF REGENTS, THE PRESIDENT AND THE
DEAN OF FINANCE AND ADMINISTRATIVE SERVICES OF AMARILLO COLLEGE AND OTHER
SELECTED MEMBERS OF THIS ORGANIZATION WHO ARE NOT DIRECTLY AFFILIATED WITH
AMARILLO COLLEGE.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 FOR THIS COMPANY WAS
PREPARED BY AN OUTSIDE CPA FIRM, AND REVIEWED BY AUDIT COMMITTEE PRIOR TO
SIGNING AND MAILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY
WAS DISTRIBUTED TO EACH BOARD OF DIRECTORS AND WAS ASKED TO COMPLETE AND
RETURN TO THE ORGANIZATION TO BE REVIEWED AND KEPT ON FILE.
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.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Openitor Public Inspection

Name of the organization **Employer identification number** 75-6029084 THE AMARILLO COLLEGE FOUNDATION FORM 990, PART XI, PAGE 12, LINE 2C FINANCIAL STATEMENTS AND REPORTING THE FINANCIAL STATEMENTS FOR THIS COMPANY WERE AUDITED BY AN OUTSIDE INDEPENDENT CPA FIRM. THE AUDIT COMMITTEE OVERSEE THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

2009 Openito(Public OMB No 1545-0047

Employer identification number 75-6029084 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Public charity status (if section 501(c)(3)) 509(A)(1) **e** Exempt Code section Total income ਉ € 501(C)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) TEXAS THE AMARILLO COLLEGE FOUNDATION Primary activity Primary activity COLLEGE EDUCATION **@** 75-6000031, P.O. BOX 79178, AMARILLO, TX AMARILLO JUNIOR COLLEGE DISTRICT Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Part Parti 79178

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

Schedule R (Form 990) 2009

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75-6029084

Páge 2

Schedule R (Form 990) 2009 THE AMARILLO COLLEGE FOUNDATION

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

General or managing partner? 9 Code V-UBI camount in box no 20 of Schedule L K-1 (Form 1065) \equiv ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets **B** Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
(Direct controlling entity Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization <u>a</u>

Paring Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related the composition or trust during the tax year.)

(a)	(q)	(3)	Ð	(e)		(6)	(£)
Name, address, and EIN of related organization	tivity	Legal domicile Dis	rect controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
		_					
		•					
		•					

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 THE AMARILLO COLLEGE FOUNDATION Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No	اه
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	related organizations listed in Parts II-IV?			_
a Beceiot of (i) interest (ii) annuities (iii) rovatties or (iv) rent from a controlled entity			1a X	.
			4	١.
b cirt, grant, or capital contribution to other organization(s)			0	، اړ
c Giff, grant, or capital contribution from other organization(s)			1c X	ال
d Loans or loan guarantees to or for other organization(s)			14	
	· · · · · · · · · · · · · · · · · · ·			
e Loans of loan guarantees by other organization(s)		:	4 .	
			+	٦.
f Sale of assets to other organization(s)	:	: : :	¥	ال
a Purchase of assets from other organization(s)		٠	1g X	.
			+	ر ا
	:			١.
i Lease of facilities, equipment, or other assets to other organization(s)			4	<u>_</u>
(a) another ment of the med of the med for the form of the med for the med by the first form of the med by the			7	1.
Lease of facilities, equipment, of ourier assets florification of a second of				۱.
			¥ .	. اړ
I Performance of services or membership or fundraising solicitations by other organization(s)			- X	اي
m Sharing of facilities, equipment, mailing lists, or other assets			1m X	1
n Sharing of paid employees		:	t X	
				7,54
Reimbursement baid to other organization for expenses			ot X	ر.[
				_
p Reimbursement paid by other organization for expenses		:	dr ▼	آر
			*	٦.
q Other transfer of cash or property to other organization(s)	:		19 X	. اپ
r Other transfer of cash or property from other organization(s)			1r X	اب
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	this line, including covered relationships and tra	insaction thresholds.		1
(a)			9	
Name of other organization(s)	-	tion P-r)	Amount involved	1
(1)				
[2]				1
(4)				1
(5)				1
į				
(9)		Schodul	Schodulo B (Form 000) 2000	8
932163 UZ-04-10			^^	}

75-6029084 Page 4

Schedule R (Form 990) 2009 THE AMARILLO COLLEGE FOUNDATION

Parking Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a)	(a)	(0)	9	(e)	3	(6)	3
Name, address, and EIN of entity	Primary activity	Legal domicıle (state or foreign	Are all partners section 501(c)(3) proportions	Share	, °	Code V-UBI amount in box 20	g E
		country)	Yes No			of Schedule K-1 (Form 1065)	1 *
							·
					_		
				-			
							,