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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

7			e 2013 calendar year, or tax year beginning ${\sf OCT~1,~2013}$ and ending ${\sf SEP}$	30,	2014		
E	B CI	heck it oplicat	C Name of organization	Employer	identification number		
		Addr	ess change				
		Nam	e change CENTER CITY FUND OF AMARILLO, INC.	75-2548326			
		Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	Telephone	number		
		Term	inated P.O. BOX 9480	806-	372-6744		
		Ame		F Group Exemption			
_			ation pending AMARILLO, TX 79105	Number •	•		
(nting Method: Cash X Accrual Other (specify)	H Check 🕨	X if the organization is not		
ļ	W	/ebsi	te: ►N/A	required to	attach Schedule B		
<u>.</u>	J T	ax-ex	tempt status (check only one) 501(c)(3) X 501(c) (6) ◀(insert no.) 4947(a)(1) or 527	(Form 990	, 990-EZ, or 990-PF).		
			of organization: X Corporation Trust Association Other				
L			es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	,			
-			n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	61,013.		
_	<u>Pa</u>	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions for Par	·		
2015			Check if the organization used Schedule O to respond to any question in this Part I		X		
23		1	Contributions, gifts, grants, and similar amounts received	1	60,716.		
€ >		2	Program service revenue including government fees and contracts	2			
N		3	Membership dues and assessments	3			
≥		4	Investment income SEE SCHEDULE O	4	17.		
MJ:		5a	Gross amount from sale of assets other than inventory 5a				
\bigcirc		b	Less: cost or other basis and sales expenses 5b				
ĪĪ,		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
		6	Gaming and fundraising events	1, 1			
5	e	а	Gross income from gaming (attach Schedule G if greater than	,			
SCANNED	ē	h	\$15,000) Gross income from fundraising events (not including \$ of contributions	(r; :			
à	¥	U	from fundraiging events reported on line 1) (attrible Catadula Cut the ourse of ourse	, , ,			
			gross income and contributions exceeds \$15,000) RECEIVED 6b Less: direct expenses from gaming and fundraising events	*			
		C	Less: direct expenses from gaming and fundraising events 6c	i			
		d	Net income or (loss) from gaming and fundralsing events (add loss 65 and 55 and 55 and 50 and	6d			
		7a	Gross sales of inventory, less returns and allowances 4 2015 7 a	- 00			
		b	Less: cost of doods sold				
		C	Gross profit or (loss) from sales of inventory (Subtracture 7) trom line 7a)	7c			
	ŀ	8	Other revenue (describe in Schedule 0)	8	280.		
	J	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,013.		
-		10	Grants and similar amounts paid (list in Schedule 0)	10			
	- 1	11	Benefits paid to or for members	11			
9	န္တ	12	Salaries, other compensation, and employee benefits	12			
Ì	Expenses	13	Professional fees and other payments to independent contractors	13			
Š	إيّ	14	Occupancy, rent, utilities, and maintenance	14			
U	"	15	Printing, publications, postage, and shipping	15			
	ļ	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	504.		
		17	Total expenses. Add lines 10 through 16	▶ 17	504.		
9	ွှ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	60,509.		
3	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))]			
Š	۲		(must agree with end-of-year figure reported on prior year's return)	19	200,715.		
2	§	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.		
_		21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	261,224.		
L	_HA	For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2013)		

.ro	art II. Balance Sheets (see the instructions for Part II)									
	Check if the organization used Schedule O to respond to any question in this Part II									
۲		(A) Beginning of year								
22	Cash, savings, and investments		8,489	• 22		44,455.				
23		,		23						
24		o —	192,226			216,769.				
25		<u> </u>	200,715			261,224.				
26		<u> </u>	0			0.				
	•	<u> </u>	200,715			261,224.				
27				• 21						
Pé	•	`	,	X	(Required)	penses for section				
	Check if the organization used Schedule O to re		in this Part III		501(c)(3) a	and 501(c)(4)				
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE	0				ons and section				
	cribe the organization's program service accomplishments for each of its three largest program		s In a clear and concise		for others.) trusts; optional)				
	ner, describe the services provided, the number of persons benefited, and other relevant info					<u></u>				
28	SUPPORTED THE ACTIVITIES OF CENTER	CITY OF AMARI	LLO, INC.		l					
					!					
	(Grants \$) If this amount includes foreign	grants, check here	>		28a					
29										
										
	(Grants \$) If this amount includes foreign	grants check here			29a					
30	Idiants 9 / Il tills amount includes loreign	giants, check here								
JU										
				$\overline{}$	000					
	(Grants \$) If this amount includes foreign	grants, check here			30a					
31	Other program services (describe in Schedule O)				l_					
	(Grants \$) If this amount includes foreign	grants, check here	_	لبيا	31a					
	Total program service expenses (add lines 28a through 31a)				32					
P	art IV List of Officers, Directors, Trustees, and Key	Employees (list each one of	even if not compensated -	see the	instructions f	for Part IV)				
	Check if the organization used Schedule O to respond to any question in this Part IV									
	Check if the organization used Schedule O to re	spond to any question	n in this Part IV							
	Check if the organization used Schedule O to re	spond to any question (b) Average hours	(C) Reportable		ealth benefits,	(e) Estimated				
	Check if the organization used Schedule O to re	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	cont empl	ributions to oyee benefit	amount of other				
		(b) Average hours	(C) Reportable	cont empl plans,	ributions to	1 ' '				
<u>L1</u>		(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	cont empl plans,	ributions to oyee benefit and deferred	amount of other				
	(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC)	cont empl plans,	ributions to oyee benefit and deferred	amount of other compensation				
PF	(a) Name and title INDA VAUGHN RESIDENT	(b) Average hours per week devoted to	(¢) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont empl plans,	ributions to oyee benefit and deferred npensation	amount of other compensation				
PF BF	(a) Name and title INDA VAUGHN RESIDENT EN WHITTENBURG	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont empl plans,	ributions to oyee benefit and deferred npensation	amount of other compensation				
BE VI	(a) Name and title INDA VAUGHN RESIDENT EN WHITTENBURG ICE-PRESIDENT	(b) Average hours per week devoted to position	(¢) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont empl plans,	ributions to oyee benefit and deferred npensation	amount of other compensation				
PF BE VI DU	(a) Name and title INDA VAUGHN RESIDENT EN WHITTENBURG ICE-PRESIDENT JSTY BARRICK	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont empl plans,	ributions to oyee benefit and deferred opensation	amount of other compensation 0 •				
PF BE VI DU SE	(a) Name and title INDA VAUGHN RESIDENT EN WHITTENBURG ICE-PRESIDENT USTY BARRICK ECRETARY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont empl plans,	ributions to oyee benefit and deferred npensation	amount of other compensation 0 •				
PF BE VI DU SE BE	(a) Name and title INDA VAUGHN RESIDENT EN WHITTENBURG ICE-PRESIDENT USTY BARRICK ECRETARY ELYNDA WILLIAMS	(b) Average hours per week devoted to position 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont empl plans,	ributions to oyee benefit and deferred opensation O .	amount of other compensation 0. 0.				
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Form 990-EZ (2013) CENTER CITY FUND OF AMARILLO, INC. 75-2548326

Page 2

		Yes	No
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
Form 990-EZ	44a		X
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
of Form 990-EZ	44b		X
Did the organization receive any payments for indoor tanning services during the year?	44c		X
if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			_
ın Schedule O	44d		
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
512/hV1322 If "Vac " Form 000 and Schedule B may need to be completed instead of Form 000-E7 (see instructions)	45h		

45 a 45 b

								11/	
							_	Yes	No
 Did the organization engage, direct If "Yes," complete Schedule C, Par 		litical campaign activit	ties on behalf of or i	in oppositio	n to candidates for p	ublic office?	1-40		X
Part VI Section 501(c)(3)		only					46	L	
All section 501(c)(3) o	-	-	7.49b and 52, an	d complet	a the tables for lin	on E0 and E1			
Check if the organizat					e trie tables for till	185 30 and 31.			_
		o to respend to a	iy quoonon iiy iini	<u> </u>				Yes	No
7 Did the organization engage in lob	bying activities or hav	ve a section 501(h) ele	ection in effect durin	ng the tax ye	ear? If "Yes," comple	te Sch. C. Part I	47	1.00	
8 Is the organization a school as de-					•	•	48		
9a Did the organization make any trai	nsfers to an exempt n	on-charitable related (organization?				49a		
	"Yes," was the related organization a section 527 organization?								
Complete this table for the organize	zation's five highest co	ompensated employed	es (other than office	ers, director	s, trustees and key e	mployees) who	each re	ceived	nore
than \$100,000 of compensation fr		If there is none, enter	"None."		-	_			
(a) Name and to	(a) Name and title of each employee			(b) Average hours (c) Report				e) Estim	
	37 / 3		per week dev		compensation (Forms W-2/1099-MISC)	employee bene plans, and defe	_{efit} am	ount of ompensa	
	N/A			position		compensatio		illheile	111011
			4						
			-			_			
									
			_						
	· · · · · · · · · · · · · · · · · · ·		+		 	 			
			\dashv						
			-		<u> </u>	+			—
			\dashv						
organization. If there is none, ente (a) Name and business addre				(b)	Type of service	(0	c) Comp	ensatio	<u> </u>
d Total number of other independen	nt contractors each rec	ceiving over \$100,000	<u>l </u>		•	. 1			
2 Did the organization complete Sch		- ·		a)(1) nonex					
charitable trusts must attach a soi	mpleted Schedule A		•			•		es 🗀	□ N
nder penalties of period, i declare that I have eclaration of prepare (ther than officer) is be	examined this return, included the second of the second in the second of	suding accompanying scr which preparer has any kr	iedules and statēments nowledge	s, and to the b	est of my knowledge ar	ia cellet, it is true,	correct, a	nd comp	ете
Duxm	1 1 le-	~ 0			-	1 4/7	15		
Sign Belynda Type or print name and titl	Williams	. Presid	ent			Date			
Print/Type preparer's i	name	Preparer's signature	e	Date	Check	if PTIN			
Paid		ے رہ ہے	m = 2 ·	3/11/	self- empl	oyed			
Preparer EMILY S MA	YBIN, CPA	Emily 5	Mayen	'''/	'5	P0	1724	188	
Jse Only Firm's name ▶ ST		IN DUDLEY	& WEBB,	PC	Firm's El				
Firm's address ▶ P	.O. BOX 66	9	· · · · · · · · · · · · · · · · · · ·		Phone n	222	74-7	576	
A	MARILLO, I	X 79105-0	669						
ay the IRS discuss this return with the	e preparer shown abo	ve? See instructions				>	Y	es L	N
							Form	990-EZ	(201

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

CENTER CITY FUND OF AMARILLO TNC

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 75-2548326

OBINIBIL CITT TOND OF THE RELEGY	75 2540520
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT	INCOME:
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	17.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME	280.
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFF	ILIATES:
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	504.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION	BEG. OF YEAR END OF YEAR
ACCOUNTS RECEIVABLE	192,226. 216,769.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE	
PUBLIC & ECONOMIC WELFARE OF DOWNTOWN AMARILLO	0
FORM 990-EZ, PART V, INFORMATION REGARDING PE	RSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RE	CEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL	BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PA	AY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT	
I MA HOT MARARMATE MARKATIAN ACT BIOTICA CON The Instructions for Cores 000 or 000 E	7 Paladula O (Ease 000 as 000 E7) (0049)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box I you are filing for an Autionatic 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been grained an automatic 3-month extension of time to filing (6-file). You can electronically file Form 98051, or an additional fort automatic) 3-month automatic extension of time to filing (6-file). You can electronically file Form 98051, or an additional fort automatic) 3-month automatic extension of time to filing (6-file). You can electronically file Form 98051, or an additional fort automatic) 3-month automatic extension of time to filing (6-file). You can electronically file Form 98051, or an additional forth automatic 3-Month for filing for filing form 98051 to request an extension of time to filing of filing form 98051, or an additional forth automatic 3-Month for filing for fil						1			
Do not complete Part I unless you have already been grained an automatic 3-month extension on a previously filed Form 8885. Electronic filing (6-filed), You can electronically file Form 8886 if you need a 3-month automatic extension of time to file its promise of the form 1901, or an additional find automatic) 3-month extension of time. You can electronically file Form 8901, or an additional find automatic) 3-month extension of time. You can electronically file Form 8901, or an additional find automatic) 3-month extension of Form 8970, filmmatic new file for Charles & Nonzorotts. Personal Benefit Contracts, which must be sent to the IRIS in paper format (see instructions) For more details on the electronic filing of this form, which was a possible for the first formatic and the form 9901 and requesting an automatic 8-month extension -check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and frusts must use Form 7004 to request an extension of time to file incorner tax returns as returns as a file form 8901. Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and frusts must use Form 7004 to request an extension of time to file incorner tax returns as a file form 9901 and requesting an automatic 8-month extension -check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and frusts must use Form 7004 to request an extension of time for file incorner tax returns the stream from the filer of the filerships in the filerships i	• If you a	re filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box		.)	×X		
Electronic filing (e-file), You can electronically file Form 8888 4 you need a 3-month automatic extension of time to file (file months for a corporation required to file Form 990-10 and additional float automates) 3-month sensions of time. You can electronically file Form 8880 to you can electronically file Form 880 to you can electronic filing of this form you can electronic filing f									
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