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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](#)

Department of the Treasury

Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AMARILLO AREA FOUNDATION INC

Doing business as

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

Room/suite

801 S FILLMORE SUITE 700

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

AMARILLO, TX 79101

F Name and address of principal officer

CLAY STRIBLING

801 S FILLMORE SUITE 700

AMARILLO, TX 79101

H(a) Is this a group return for subordinates?

No

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.AMARILLOAREAFOUNDATION.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation

1957

M State of legal domicile

TX

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities A COMMUNITY FOUNDATION OPERATING AS A PUBLIC CHARITY, WITH A MISSION TO IMPROVE THE QUALITY OF LIFE IN THE TEXAS PANHANDLE THROUGH EFFECTIVE PHILANTHROPIC EFFORTS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)		3 25
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 25
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5 27
Revenue	6 Total number of volunteers (estimate if necessary)		6 250
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a 19,784
	b Net unrelated business taxable income from Form 990-T, line 34		7b 18,784
Expenses	8 Contributions and grants (Part VIII, line 1h)		Prior Year 10,947,217 Current Year 16,046,473
	9 Program service revenue (Part VIII, line 2g)		1,201,683 1,160,421
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,798,304 4,412,058
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		293,649 69,876
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,240,853 21,688,828
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		6,544,178 16,061,070
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,442,690 1,499,531
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶169,247		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,328,862 1,467,827
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,315,730 19,028,428
	19 Revenue less expenses Subtract line 18 from line 12		7,925,123 2,660,400
	20 Total assets (Part X, line 16)		Beginning of Current Year 115,910,482 End of Year 120,749,556
	21 Total liabilities (Part X, line 26)		10,843,312 19,682,751
	22 Net assets or fund balances Subtract line 21 from line 20		105,067,170 101,066,805

Part II Signature Block

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

Sign Here

Signature of officer

CLAY STRIBLING PRESIDENT & CEO

Type or print name and title

2016-11-10

Date

Paid Preparer Use Only

Print/Type preparer's name

GARY D MITCHELL

Firm's name ▶ CONNOR MCMILLON MITCHELL & SHENNUM PLLC

Firm's address ▶ PO BOX 15650

AMARILLO, TX 791055650

Preparer's signature

GARY D MITCHELL

Firm's EIN ▶ 26-3195732

Phone no (806) 373-6661

Date

Check ☐ if self-employed

PTIN P00005725

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 14,944,174 including grants of \$ 14,859,825) (Revenue \$ 1,159,487)
DISTRIBUTION PROGRAM - GRANT REQUEST APPLICATIONS ARE RECEIVED FROM CHARITABLE ORGANIZATIONS OF THE TEXAS PANHANDLE AREA. AFTER BEING RESEARCHED AND APPROVED, DISTRIBUTIONS ARE MADE.

4b (Code) (Expenses \$ 1,201,245 including grants of \$ 1,201,245) (Revenue \$)
SCHOLARSHIP PROGRAM - APPLICATIONS ARE RECEIVED FROM AREA HIGH SCHOOL AND COLLEGE STUDENTS. A COMMITTEE THEN REVIEWS THE APPLICATIONS AND BOARD APPROVED SCHOLARSHIPS ARE AWARDED ACCORDINGLY.

4c (Code) (Expenses \$ 1,671,928 including grants of \$) (Revenue \$)
PROGRAM MANAGEMENT - STAFF TIME AND RESOURCES ARE USED FOR MANAGEMENT OF THE GRANT AND SCHOLARSHIP PROGRAMS.

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

4e Total program service expenses ► 17,817,347

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	18	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	27	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	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	Yes	
b	If "Yes," enter the name of the foreign country: CJ, EI, NL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	25	
1b	Enter the number of voting members included in line 1a, above, who are independent	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ►

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►CLAY STRIBLING 801 S FILLMORE SUITE 700 AMARILLO, TX 79101 (806) 376-4521

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

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

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

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

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		Yes	No
		3		No
		4	Yes	
		5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b	137,625			
	c	Fundraising events	1c				
	d	Related organizations	1d	1,504,500			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,404,348			
	g	Noncash contributions included in lines 1a-1f \$		7,585,452			
	h	Total. Add lines 1a-1f ▶		16,046,473			
Program Service Revenue	2a	ADMINISTRATIVE FEES	Business Code 561000	1,160,421	1,160,421		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		1,160,421			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,479,349		19,784
4		Income from investment of tax-exempt bond proceeds . . ▶					
5		Royalties ▶		70,810			70,810
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶					
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) ▶		2,932,709			2,932,709
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
a							
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . ▶					
9a		Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a	DISTRIBUTIONS PAID & RETURNS	561000	6,980	6,980			
b	EVENT REGISTRATION	561000	5,900	5,900			
c	OTHER INCOME	561000	-13,814	-13,814			
d	All other revenue						
e	Total. Add lines 11a-11d ▶		-934				
12	Total revenue. See Instructions ▶		21,688,828	1,159,487	19,784	4,463,084	

Part IX Statement of Functional Expenses

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

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

☐		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	14,859,825	14,859,825		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	1,201,245	1,201,245		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	375,755	184,118	165,333	26,304
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	844,613	483,590	311,472	49,551
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	66,701	38,546	24,290	3,865
9	Other employee benefits.	125,866	75,614	43,354	6,898
10	Payroll taxes.	86,596	48,017	33,284	5,295
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	27,277		24,549	2,728
c	Accounting.	56,863	400	56,463	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	114,458		114,458	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	28,665	23,834		4,831
13	Office expenses.	122,929	56,588	29,617	36,724
14	Information technology.				
15	Royalties.				
16	Occupancy.	150,538	90,323	60,215	
17	Travel.	18,580	10,603	5,983	1,994
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	33,264	13,719	14,290	5,255
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	33,347	16,706	16,641	
23	Insurance.	21,804		21,804	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	CONTRACT SERVICES	472,106	442,533	29,573	
b	REPAIRS & MAINTENANCE	114,093	46,462	45,087	22,544
c	EVENTS	103,164	97,721	5,443	
d					
e	All other expenses	170,739	127,503	39,978	3,258
25	Total functional expenses. Add lines 1 through 24e.	19,028,428	17,817,347	1,041,834	169,247
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		700	1	450	
	2	Savings and temporary cash investments		3,998,664	2	9,173,848	
	3	Pledges and grants receivable, net		1,479,962	3	7,722,488	
	4	Accounts receivable, net		1,551,606	4	306,844	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	696,224			
	b	Less: accumulated depreciation	10b	618,175	78,998	10c	78,049
	11	Investments—publicly traded securities		87,927,541	11	85,532,889	
	12	Investments—other securities. See Part IV, line 11		20,820,401	12	17,832,827	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		52,610	15	102,161	
16	Total assets. Add lines 1 through 15 (must equal line 34)		115,910,482	16	120,749,556		
Liabilities	17	Accounts payable and accrued expenses		857,665	17	241,097	
	18	Grants payable		662,428	18	10,742,911	
	19	Deferred revenue			19	34,451	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		9,323,219	25	8,664,292	
	26	Total liabilities. Add lines 17 through 25		10,843,312	26	19,682,751	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		105,067,170	27	101,066,805	
28		Temporarily restricted net assets			28		
29		Permanently restricted net assets			29		
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		105,067,170	33	101,066,805	
34		Total liabilities and net assets/fund balances		115,910,482	34	120,749,556	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,688,828
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,028,428
3	Revenue less expenses Subtract line 2 from line 1	3	2,660,400
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	105,067,170
5	Net unrealized gains (losses) on investments	5	-6,660,765
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,066,805

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 75-0978220
Name: AMARILLO AREA FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLIFF BICKERSTAFF CHAIR	1 00 0 00	X		X				0	0	0
PUFF NIEGOS 1ST VICE CHAIR	1 00 1 00	X		X				0	0	0
JASON HERRICK 2ND VICE CHAIR	1 00 0 00	X		X				0	0	0
JACKIE PEARSON SECRETARY	1 00 0 00	X		X				0	0	0
ROY BARA TREASURER	1 00 0 00	X		X				0	0	0
JERI BEZNER DIRECTOR	1 00 1 00	X						0	0	0
VANESSA BUZZARD DIRECTOR	1 00 2 00	X						0	0	0
TERRY CAVINESS DIRECTOR	1 00 0 00	X						0	0	0
PAUL CLARK DIRECTOR	1 00 0 00	X						0	0	0
KATHY CORNETT DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LERAYNE DONELSON DIRECTOR	1 00	X						0	0	0
LORI HENKE DIRECTOR	1 00	X						0	0	0
STEVE HOARD DIRECTOR	1 00	X						0	0	0
KEN KELLEY DIRECTOR	1 00	X						0	0	0
PAUL MATNEY DIRECTOR	1 00	X						0	0	0
SHARON MINER DIRECTOR	1 00	X						0	0	0
JULIE MITCHELL DIRECTOR	1 00	X						0	0	0
LINDA RASOR DIRECTOR	1 00	X						0	0	0
DYKE ROGERS DIRECTOR	1 00	X						0	0	0
ROD SCHRODER DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDDIE SCOTT DIRECTOR	1 00 0 00	X						0	0	0
NANCY SELIGER DIRECTOR	1 00 0 00	X						0	0	0
CAROLINE SMITH DIRECTOR	1 00 0 00	X						0	0	0
ROY URRUTIA DIRECTOR	1 00 0 00	X						0	0	0
SUZANNE WILLIS DIRECTOR	1 00 1 00	X						0	0	0
CLAY STRIBLING PRESIDENT & CEO	20 00 20 00			X				222,288	0	31,747
STEPHANIA JONES ASST SEC/VP FINANCIAL & RESOURCE MGT	20 00 20 00			X				97,316	0	24,404
CHARLOTTE RHODES VP RESOURCE DEVELOPMENT/SUSTAINABILITY	20 00 20 00					X		125,344	0	27,291

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
AMARILLO AREA FOUNDATION INC

Employer identification number
75-0978220

Part I

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

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box)
- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	12,313,074	8,342,457	6,829,679	10,947,217	16,046,473	54,478,900
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,313,074	8,342,457	6,829,679	10,947,217	16,046,473	54,478,900
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,858,965
6 Public support. Subtract line 5 from line 4						46,619,935

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	12,313,074	8,342,457	6,829,679	10,947,217	16,046,473	54,478,900
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,474,938	1,840,657	1,349,602	1,714,861	1,530,375	7,910,433
9 Net income from unrelated business activities, whether or not the business is regularly carried on			114,311	34,443	18,784	167,538
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	3,651	2,910	13,444	134,536	-934	153,607
11 Total support. Add lines 7 through 10						62,710,478
12 Gross receipts from related activities, etc (see instructions)					12	2,362,104
13 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			
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	74.340 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	77.530 %
16a	33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☒		
b	33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐		
17a	10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐		
b	10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐		
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 ▶ ☐		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

☐

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	DISTRIBUTIONS PAID RETURN - 2013 AMOUNT \$ 7,260 2014 AMOUNT \$ 51,556 2015 AMOUNT \$ 6,980 OTHER INCOME - 2011 AMOUNT \$ 3,651 2013 AMOUNT \$ 3,584 2014 AMOUNT \$ 67,780 2015 AMOUNT \$ -13,814 CONTRACT FEES - 2014 AMOUNT \$ 10,000 EVENT REGISTRATION - 2012 AMOUNT \$ 2,910 2013 AMOUNT \$ 2,600 2014 AMOUNT \$ 5,200 2015 AMOUNT \$ 5,900

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMARILLO AREA FOUNDATION INC

Employer identification number
75-0978220

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	64	300
2 Aggregate value of contributions to (during year)	3,025,251	13,147,411
3 Aggregate value of grants from (during year)	1,542,203	13,997,190
4 Aggregate value at end of year	25,561,473	84,169,623

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		323,747	310,439	13,308
d Equipment		266,959	205,443	61,516
e Other		105,518	102,293	3,225
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				78,049

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE AS A RESULT, INCOME TAXES ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. AT DECEMBER 31, 2015, THE FEDERAL STATUTE OF LIMITATION REMAINS OPEN FOR THE 2012 THROUGH 2015 YEARS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

**Open to Public
Inspection**

75-0978220

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ACADEMIC SCHOLARSHIPS	1142	1,201,245	0		

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

Return Reference	Explanation
PART I, LINE 2	THREE FOUNDATION STAFF ARE RESPONSIBLE FOR ADMINISTERING THE GRANTMAKING PROCESS AND PRESENTING REQUESTS FOR APPROVAL TO THE BOARD OF DIRECTORS' AMARILLO AREA FOUNDATION (AAF) AND ITS SUPPORTING ORGANIZATION, THE DON & SYBIL HARRINGTON FOUNDATION (HF), REFERRED TO COLLECTIVELY AS THE "FOUNDATION", REVIEW GRANT REQUESTS AT EACH REGULAR MEETING OF THE BOARD OF DIRECTORS' THE RESPONSIBILITY OF APPROVING EACH GRANT LIES WITH THE BOARDS' AAF'S EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE FULL BOARD SHOULD A DECISION BE NEEDED BETWEEN REGULAR BOARD MEETINGS' GENERALLY, ALL GRANT REQUESTS ARE REVIEWED BY BOTH BOARDS AND EACH BOARD'S ACTION CONCERNING FUNDING DECISIONS IS LISTED IN THE BOARD MINUTES' IF THE APPLICANT MEETS ELIGIBILITY REQUIREMENTS AND HAS SUBMITTED ALL REQUIRED PROPOSAL COMPONENTS, INCLUDING A VALID IRS LETTER OF DETERMINATION, THEY ARE NOTIFIED VIA E-MAIL OR POSTCARD WHEN TO EXPECT NOTIFICATION REGARDING THE FUNDING DECISION' ONCE A GRANT IS AWARDED, A GRANT AGREEMENT STIPULATES THE USE OF FUNDS AND ANY CONTINGENCIES THAT MAY APPLY' PRIOR TO DISBURSEMENT OF ANY GRANT AWARDS, FOUNDATION STAFF ENSURE THAT SUCH STIPULATIONS AND CONTINGENCIES ARE MET BY REVIEWING SUPPORTING DOCUMENTATION, WHICH EVIDENCES GRANTEE'S COMPLIANCE WITH GRANT TERMS

Additional Data

Software ID:
Software Version:
EIN: 75-0978220
Name: AMARILLO AREA FOUNDATION INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
7 STAR THERAPEUTIC RIDING CENTER PO BOX 50655 AMARILLO,TX 79159	20-0857615	501(C)(3)	12,500				CAPITAL SUPPORT
AMARILLO JUNIOR COLLEGE DISTRICT PO BOX 447 AMARILLO,TX 79178	75-6000031	STATE OF TEXAS	55,913				PROGRAM SUPPORT
AMARILLO COLLEGE FOUNDATION PO BOX 447 AMARILLO,TX 79178	75-6029084	501(C)(3)	8,333				CAPITAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARILLO ECONOMIC DEVELOPMENT CORPORATION 801 S FILLMORE SUITE 200 AMARILLO, TX 79101	75-2351745	501(C)(3)	20,000				PROGRAM SUPPORT
AMARILLO INDEPENDENT SCHOOL DISTRICT 7200 I-40 WEST AMARILLO, TX 79106	75-6000036	STATE OF TEXAS	33,000				PROGRAM SUPPORT
AMARILLO MUSEUM OF ART PO BOX 447 AMARILLO, TX 79178	23-7042476	501(C)(3)	50,000				CAPITAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARILLO ZOOLOGICAL SOCIETY PO BOX 1469 AMARILLO, TX 79105	80-0362248	501(C)(3)	15,000				CAPITAL SUPPORT
ANOTHER CHANCE HOUSE 209 S JACKSON AMARILLO, TX 79101	75-2233200	501(C)(3)	25,000				PROGRAM SUPPORT
ARMSTRONG COUNTY MUSEUM PO BOX 450 CLAUDE, TX 79019	75-2341811	501(C)(3)	23,500				CAPITAL SUPPORT

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BAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 79101	75-2206268	501(C)(3)	20,000				PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF HEREFORD PO BOX 1821 HEREFORD, TX 79045	75-1433917	501(C)(3)	10,000				PROGRAM SUPPORT
BOOKER YOUTH PROGRAM PO BOX 348 BOOKER, TX 79005	36-4812515	501(C)(3)	30,000				CAPITAL SUPPORT

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BOYS & GIRLS CLUB OF AMARILLO 1923 S LINCOLN AMARILLO, TX 79109	75-0808760	501(C)(3)	173,000				PROGRAM SUPPORT
BUCKNER CHILDREN & FAMILY SERVICES 600 NORTH PEARL ST DALLAS, TX 75201	75-2571395	501(C)(3)	55,000				PROGRAM SUPPORT
BUSHLAND INDEPENDENT SCHOOL DISTRICT PO BOX 60 BUSHLAND, TX 79012	75-1619952	STATE OF TEXAS	7,500				PROGRAM SUPPORT

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CANADIAN CHURCH OF CHRIST PO BOX 876 CANADIAN, TX 79014	75-2277089	501(C)(3)	150,000				CAPITAL SUPPORT
CANADIAN EDUCATION FOUNDATION PO BOX 438 CANADIAN, TX 79014	27-5246589	501(C)(3)	204,367				PROGRAM SUPPORT
CATHOLIC CHARITIES OF THE TEXAS PANHANDLE PO BOX 15127 AMARILLO, TX 79105	75-0818147	501(C)(3)	55,000				PROGRAM SUPPORT

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CETA CANYON CAMP & RETREAT CENTER 37201 FM 1721 HAPPY, TX 79042	75-0939943	501(C)(3)	25,000				GENERAL SUPPORT
CHAMBER MUSIC AMARILLO PO BOX 4170 AMARILLO, TX 79116	75-2822087	501(C)(3)	7,000				PROGRAM SUPPORT
CITADELLE ART FOUNDATION PO BOX 1303 CANADIAN, TX 79014	26-1961223	501(C)(3)	10,000				PROGRAM SUPPORT

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

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COUNTY OF CHILDRESS 100 AVE E NW CHILDRESS, TX 79201	75-6000858	STATE OF TEXAS	248,230				CAPITAL SUPPORT
DALHART INDEPENDENT SCHOOL DISTRICT 701 E 10TH DALHART, TX 79022	75-6001245	STATE OF TEXAS	25,000				PROGRAM SUPPORT
EDUCATION FOUNDATION OF CISD PO BOX 899 CANYON, TX 79015	75-2848641	501(C)(3)	10,000				PROGRAM SUPPORT

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FAIRVIEW CEMETERY ASSOCIATION PO BOX 660 PAMPA, TX 79066	75-0260965	501(C)(3)	12,500				GENERAL SUPPORT
FAITH CITY PO BOX 870 AMARILLO, TX 79105	75-6029995	501(C)(3)	67,599				GENERAL SUPPORT
FIRST BAPTIST CHURCH OF AMARILLO 1300 S TYLER AMARILLO, TX 79101	75-0950110	501(C)(3)	25,000				GENERAL SUPPORT

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FIRST PRESBYTERIAN CHURCH OF AMARILLO 1100 S HARRISON AMARILLO, TX 79101	75-0808783	501(C)(3)	11,500				PROGRAM SUPPORT
FRANK PHILLIPS COLLEGE PO BOX 5118 BORGER, TX 79007	75-6001630	STATE OF TEXAS	50,000				PROGRAM SUPPORT
GARRETSON CENTER PO BOX 1239 PANHANDLE, TX 79068	47-1252775	501(C)(3)	25,000				PROGRAM SUPPORT

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GREATER AMARILLO FOSTER PARENT ASSOCIATION 2920 DUNIVEN CIR STE 5A AMARILLO, TX 79109	23-7413290	501(C)(3)	7,000				PROGRAM SUPPORT
HEAL THE CITY FREE CLINIC 604 S TENNESSEE AMARILLO, TX 79106	46-5694050	501(C)(3)	548,888				PROGRAM SUPPORT
HEREFORD SENIOR CITIZENS ASSOCIATION PO BOX 270 HEREFORD, TX 79045	51-0157241	501(C)(3)	10,000				GENERAL SUPPORT

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HILLSIDE CHRISTIAN CHURCH - AMARILLO WEST 6100 SONCY ROAD AMARILLO, TX 79119	75-1161743	501(C)(3)	25,000				GENERAL SUPPORT
HUTCHINSON COUNTY PO BOX 790 STINNETT, TX 79083	75-6001022	STATE OF TEXAS	42,099				CAPITAL SUPPORT
INTERFAITH CAMPAIGN FOR THE HOMELESS 2207 LINE AVE AMARILLO, TX 79106	75-0800600	501(C)(3)	150,000				GENERAL SUPPORT

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KANZA SOCIETY HIGH PLAINS PUBLIC RADIO 210 N 7TH ST GARDEN CITY, KS 67846	48-0859735	501(C)(3)	65,762				PROGRAM SUPPORT
KING'S MANOR METHODIST RETIREMENT CENTER PO BOX 1999 HEREFORD, TX 79045	75-2641794	501(C)(3)	22,500				GENERAL SUPPORT
MAKE A CHILD SMILE 314 S JEFFERSON AMARILLO, TX 79101	75-2576724	501(C)(3)	10,000				PROGRAM SUPPORT

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MCMURRY UNIVERSITY CAMPUS BOX 938 ABILENE, TX 79697	75-0855633	STATE OF TEXAS	10,000				PROGRAM SUPPORT
MEMPHIS-HALL COUNTY EMS PO BOX 639 MEMPHIS, TX 79245	75-2257637	501(C)(3)	114,000				CAPITAL SUPPORT
MISSION AMARILLO 601 SW 10TH AVE AMARILLO, TX 79101	27-4201383	501(C)(3)	20,000				PROGRAM SUPPORT

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MOORE COUNTY JUNIOR LIVESTOCK ASSOCIATION PO BOX 581 DUMAS, TX 79029	75-2440501	501(C)(3)	6,000				GENERAL SUPPORT
NATIONAL CATTLEMEN'S FOUNDATION 9110 E NICHOLS AVE CENTENNIAL, CO 80112	23-7259504	501(C)(3)	16,000				PROGRAM SUPPORT
NATIONAL MUSEUM OF WOMEN IN THE ARTS 1250 NEW YORK AVE NW WASHINGTON, DC 20005	52-1238810	501(C)(3)	25,000				CAPITAL SUPPORT

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NAZARETH COMMUNITY HALL PO BOX 7 NAZARETH, TX 79063	75-1433304	501(C)(3)	25,000				CAPITAL SUPPORT
OGALLALA COMMONS PO BOX 346 NAZARETH, TX 79063	33-1144011	501(C)(3)	40,000				PROGRAM SUPPORT
OPPORTUNITY SCHOOL INC 1100 S HARRISON AMARILLO, TX 79101	75-1360968	501(C)(3)	36,600				PROGRAM SUPPORT

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PAMPA ANIMAL WELFARE SOCIETY PO BOX 2095 PAMPA, TX 79066	27-3600097	501(C)(3)	71,608				PROGRAM SUPPORT
PAMPA LOVETT LIBRARY FOUNDATION PO BOX 2114 PAMPA, TX 79065	75-2281426	501(C)(3)	31,000				CAPITAL SUPPORT
PAMPA MEALS ON WHEELS PO BOX 939 PAMPA, TX 79065	75-1616739	501(C)(3)	17,500				GENERAL SUPPORT

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PANHANDLE CANCER CURE FOUNDATION 1000 S COULTER CENTER AMARILLO, TX 79106	26-2518098	501(C)(3)	6,000				PROGRAM SUPPORT
PANHANDLE-PLAINS HISTORICAL SOCIETY WT BOX 60967 CANYON, TX 79016	75-6019872	501(C)(3)	200,000				CAPITAL SUPPORT
PRESBYTERIAN HOME FOR CHILDREN 3400 S BOWIE AMARILLO, TX 79109	75-0800666	501(C)(3)	19,000				GENERAL SUPPORT

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RAVI ZACHARIAS INTERNATIONAL MINISTRIES 4725 PEACHTREE CORNERS CIRCLE CLARENDON, TX 79226	13-3200719	501(C)(3)	30,000				PROGRAM SUPPORT
SHARING HOPE MINISTRY PO BOX 7160 AMARILLO, TX 79114	91-2157950	501(C)(3)	18,000				PROGRAM SUPPORT
SPEARHEAD CORPORATION PO BOX 733 SPEARMAN, TX 79081	75-2281974	501(C)(3)	43,425				CAPITAL SUPPORT

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ST ANDREW'S EPISCOPAL CHURCH 1601 S GEORGIA ST AMARILLO, TX 79102	75-0808806	501(C)(3)	16,000				GENERAL SUPPORT
ST JAMES EPISCOPAL CHURCH OF DALHART 801 DENVER DALHART, TX 79022	75-1806839	501(C)(3)	50,000				GENERAL SUPPORT
SUNRAY INDEPENDENT SCHOOL DISTRICT PO BOX 240 SUNRAY, TX 79086	75-6002451	STATE OF TEXAS	31,573				PROGRAM SUPPORT

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TEXAS PANHANDLE WAR MEMORIAL FOUNDATION INC 4101 S GEORGIA AMARILLO, TX 79109	75-2545659	501(C)(3)	67,573				CAPITAL SUPPORT
TEXAS TECH FOUNDATION PO BOX 41081 LUBBOCK, TX 79409	75-6043842	501(C)(3)	20,000				PROGRAM SUPPORT
TRALEE CRISIS CENTER FOR WOMEN PO BOX 2880 PAMPA, TX 79065	75-1975380	501(C)(3)	11,783				PROGRAM SUPPORT

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TURN CENTER 1250 WALLACE BLVD AMARILLO, TX 79106	75-1047725	501(C)(3)	25,000				GENERAL SUPPORT
UNITED WAY OF AMARILLO & CANYON 2207 LINE AVE AMARILLO, TX 79106	75-0800600	501(C)(3)	67,304				CAPITAL SUPPORT
UPBRING PO BOX 140767 AUSTIN, TX 78754	74-1109745	501(C)(3)	12,500				PROGRAM SUPPORT

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VICTORY TREE FOUNDATION 1009 S MADDUX DUMAS, TX 79029	75-2355301	501(C)(3)	22,125				CAPITAL SUPPORT
WEST TEXAS A&M UNIVERSITY FOUNDATION WTAMU BOX 60766 CANYON, TX 79016	75-6036665	501(C)(3)	21,814				PROGRAM SUPPORT
WESTMINISTER PRESBYTERIAN CHURCH 2525 WIMBERLY AMARILLO, TX 79109	75-0886454	501(C)(3)	34,500				GENERAL SUPPORT

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WILDCAT BLUFF NATURE PO BOX 52132 AMARILLO, TX 79159	75-2462520	501(C)(3)	12,500				GENERAL SUPPORT
WILLIAM JAMES ASSOCIATION PO BOX 1632 SANTA CRUZ, CA 95061	23-7320163	501(C)(3)	10,000				PROGRAM SUPPORT
WINDOW ON A WIDER WORLD PO BOX 9258 AMARILLO, TX 79105	75-2944275	501(C)(3)	50,000				GENERAL SUPPORT

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CHRISTIAN OPHTHALMIC SURGERY EXPEDITION NETWORK PO BOX 50600 AMARILLO, TX 79159	47-1884432	501(C)(3)	38,583				GENERAL SUPPORT
CITY OF CLARENDON PO BOX 1089 CLARENDON, TX 79226	75-6000487	STATE OF TEXAS	36,713				CAPITAL SUPPORT
CITY OF SUNRAY PO BOX 250 SUNRAY, TX 79086	75-6000684	STATE OF TEXAS	8,718				CAPITAL SUPPORT

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CITY OF WELLINGTON PO BOX 949 WELLINGTON, TX 79095	75-6000708	STATE OF TEXAS	6,984				CAPITAL SUPPORT
FAMILY SUPPORT SERVICES 1001 S POLK AMARILLO, TX 79101	75-0800642	501(C)(3)	9,375				PROGRAM SUPPORT
GOLDEN SPREAD COUNCIL BOY SCOUTS OF AMERICA 401 TASCOSA ROAD AMARILLO, TX 79124	75-0800613	501(C)(3)	448,866				CAPITAL SUPPORT

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HAVEN HEALTH CLINICS 1 MEDICAL DRIVE AMARILLO, TX 79106	75-1285348	501(C)(3)	50,000				GENERAL SUPPORT
AMARILLO MUSEUM OF ART PO BOX 447 AMARILLO, TX 79178	23-7042476	501(C)(3)	50,739				GENERAL SUPPORT
CARSON COUNTY SQUARE HOUSE MUSEUM PO BOX 276 PANHANDLE, TX 79068	75-6064546	501(C)(3)	10,652				GENERAL SUPPORT

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GOLDEN SPREAD COUNCIL BOY SCOUTS OF AMERICA 401 TASCOSA ROAD AMARILLO, TX 79124	75-0800613	501(C)(3)	6,793				GENERAL SUPPORT
TTUHSC SCHOOL OF PHARMACY 1300 COULTER AMARILLO, TX 79106	75-2668014	STATE OF TEXAS	124,225				GENERAL SUPPORT
CITADELLE ART FOUNDATION PO BOX 1303 CANADIAN, TX 79014	26-1961223	501(C)(3)	158,295				GENERAL SUPPORT

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FAMILY SUPPORT SERVICES 1001 S POLK AMARILLO, TX 79101	75-0900642	501(C)(3)	33,098				GENERAL SUPPORT
DON HARRINGTON DISCOVERY CENTER 1200 STREIT AMARILLO, TX 79106	75-1330735	501(C)(3)	128,579				GENERAL SUPPORT
TURN CENTER 1300 WALLACE BLVD AMARILLO, TX 79106	75-2020021	501(C)(3)	11,088				GENERAL SUPPORT

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COLLINGSWORTH COUNTY PUBLIC LIBRARY 800 WEST AVE WELLINGTON, TX 79095	23-7168956	501(C)(3)	41,956				GENERAL SUPPORT
COLLINGSWORTH GENERAL HOSPITAL PO BOX 1112 WELLINGTON, TX 79095	20-0929321	501(C)(3)	41,153				GENERAL SUPPORT
EDWARD ABRAHAM MEMORIAL HOME 803 BIRCH CANADIAN, TX 79014	75-1156560	501(C)(3)	37,868				GENERAL SUPPORT

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HIGH PLAINS FOOD BANK PO BOX 31803 AMARILLO, TX 79120	75-1838348	501(C)(3)	5,360				GENERAL SUPPORT
TEXAS PARKS & WILDLIFE FOUNDATION 2914 SWISS AVE DALLAS, TX 75204	74-2602504	501(C)(3)	177,398				GENERAL SUPPORT
GOLDEN SPREAD SENIOR CITIZENS CENTER INC PO BOX 817 SPEARMAN, TX 79081	75-1537128	501(C)(3)	14,516				GENERAL SUPPORT

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PERRYTON ACTIVITY CENTER PO BOX 52 PERRYTON, TX 79070	75-1072869	501(C)(3)	21,062				GENERAL SUPPORT
LA RITA PERFORMING ARTS THEATRE PO BOX 466 DALHART, TX 79022	75-2184564	501(C)(3)	17,669				GENERAL SUPPORT
CASA 69 INC 414 DENVER AVE DALHART, TX 79022	75-2064047	501(C)(3)	18,414				GENERAL SUPPORT

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STRATFORD AREA FOUNDATION INC PO BOX 48 STRATFORD, TX 79084	22-3882634	501(C)(3)	12,068				GENERAL SUPPORT
CHILDREN'S LEARNING CENTERS PO BOX 15408 AMARILLO, TX 79105	75-0800601	501(C)(3)	5,329				GENERAL SUPPORT
COLLINGSWORTH COUNTY HISTORICAL MUSEUM RT 1 BOX 476 WELLINGTON, TX 79095	23-7168956	501(C)(3)	9,395				GENERAL SUPPORT

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GIRL SCOUTS OF TEXAS OKLAHOMA PLAINS INC 6011 WEST 45TH AMARILLO, TX 79109	75-0818162	501(C)(3)	5,607				GENERAL SUPPORT
GIRL SCOUTS OF TX OK PLAINS INC FBO YUCCA COUNCIL 6011 WEST 45TH AMARILLO, TX 79109	75-0818162	501(C)(3)	6,748				GENERAL SUPPORT
AMARILLO OPERA 2223 S VAN BUREN AMARILLO, TX 79109	75-2253647	501(C)(3)	28,686				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AAF COMMUNITY HEALTH FOUNDATION 801 S FILLMORE SUITE 700 AMARILLO, TX 79109	81-0849302	501(C)(3)	6,862,877				CAPITAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMARILLO AREA FOUNDATION INC

Employer identification number
75-0978220

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLAY STRIBLING PRESIDENT & CEO	(i)	222,288 -----	0 -----	0 -----	22,229 -----	9,518 -----	254,035 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 CHARLOTTE RHODES VP RESOURCE DEVELOPMENT/SUSTAINABIL	(i)	125,344 -----	0 -----	0 -----	12,534 -----	14,757 -----	152,635 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
AMARILLO AREA FOUNDATION INC

Employer identification number
75-0978220

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	2,660,059	FMV DATE OF GIFT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	4	4,950,000	FMV DATE OF GIFT
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

30a

Yes

No

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

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

32a

Yes

b If "Yes," describe in Part II

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 32B	THE FOUNDATION REQUIRES AN APPRAISAL BY A QUALIFIED APPRAISER ACCORDING TO THE TERMS OF THE LAW FOR ALL CONTRIBUTIONS OF PROPERTY, OTHER THAN MONEY AND PUBLICLY TRADED SECURITIES, IF THE DONOR CLAIMS OR REPORTS CHARITABLE CONTRIBUTION DEDUCTIONS FOR SUCH ITEM OF PROPERTY AND ALL SIMILAR ITEMS OF PROPERTY FOR THE SAME TAXABLE YEAR THAT EXCEED \$5,000 IN THE AGGREGATE FOR ALL DONATIONS OF SECURITIES THE FOUNDATION WILL USE A QUALIFIED BROKER TO SELL THOSE CONTRIBUTIONS WHEN DEEMED NECESSARY

SCHEDULE O
(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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
AMARILLO AREA FOUNDATION INC**Employer identification number**

75-0978220

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AMARILLO AREA FOUNDATION HAS MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNING BODY IS ELECTED FROM A SLATE OF NOMINEES RECOMMENDED BY A NOMINATING COMMITTEE AND APPROVED BY VOTE OF THE MEMBERSHIP AT ITS ANNUAL MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS DELIVERED TO THE AUDIT COMMITTEE FOR REVIEW THE AUDIT COMMITTEE HAS BEEN DELEGATED THE REVIEW AND APPROVAL RESPONSIBILITIES BY THE FULL BOARD
FORM 990, PART VI, SECTION B, LINE 12C	IT IS THE FOUNDATION'S POLICY TO DEAL WITH CONFLICTS IN AN OPEN MANNER (1) THROUGH AN ANNUAL DISCLOSURE STATEMENT OF MEMBERSHIPS AND AFFILIATIONS FOR BOARD AND STAFF, AND (2) THROUGH CLEAR IDENTIFICATION OF ACTUAL OR APPARENT CONFLICTS OF INTEREST AS THEY ARISE IN THE CASE OF SUCH CONFLICTS OR THE APPEARANCE THEREOF, BOARD AND STAFF MEMBERS ARE EXPECTED TO DISCLOSE THE CONFLICT PRIOR TO THE FOUNDATION MAKING ANY RELATED DECISIONS IF A CONFLICT OF INTEREST IS PRESENT, THE DIRECTOR OR STAFF MEMBER INVOLVED MUST IDENTIFY THE CONFLICT AND MAY, AT THE REQUEST OF THE BOARD OR COMMITTEE, REMAIN IN THE ROOM TO ANSWER QUESTIONS OF A FACTUAL NATURE THAT MAY ASSIST THE BOARD OR COMMITTEE IN ITS DELIBERATIONS BOARD MEMBERS HAVING A CONFLICT OF INTEREST ON A GIVEN ISSUE SHALL NOT VOTE ON THAT ISSUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE (AMARILLO AREA FOUNDATION EXECUTIVE COMMITTEE AND DON & SYBIL HARRINGTON FOUNDATION BOARD OF DIRECTORS) REVIEWS AND DETERMINES PRESIDENT AND OTHER OFFICERS' SALARIES THIS IS DETERMINED BASED ON PERFORMANCE THE COMMITTEE REVIEWS SALARY SURVEYS FOR COMPARABLE POSITIONS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 2A	FEES PAID BY THE DON & SYBIL HARRINGTON FOUNDATION (AMARILLO AREA FOUNDATION, INC 'S SUPPORTING ORGANIZATION) FOR ADMINISTRATIVE AND SUPPORT SERVICES PROVIDED THROUGHOUT THE YEAR THE DON & SYBIL HARRINGTON FOUNDATION HAS NO EMPLOYEES TO PERFORM ITS MANAGEMENT AND ADMINISTRATIVE FUNCTIONS

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization AMARILLO AREA FOUNDATION INC	Employer identification number 75-0978220
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)DON & SYBIL HARRINGTON FOUNDATION 801 S FILLMORE SUITE 700 AMARILLO, TX 79101 75-1336604	SUPPORTING ORGANIZATION	TX	501(C)(3)	509(A)(3) TYPE I	AMARILLO AREA FOUNDATION INC	Yes	
(2)CITADELLE ART FOUNDATION PO BOX 1303 CANADIAN, TX 79014 26-1961223	SUPPORTING ORGANIZATION	TX	501(C)(3)	509(A)(3) TYPE I	AMARILLO AREA FOUNDATION INC	Yes	
(3)AAF COMMUNITY HEALTH FOUNDATION 801 S FILLMORE SUITE 700 AMARILLO, TX 79101 81-0849302	SUPPORTING ORGANIZATION	TX	501(C)(3)	509(A)(3) TYPE I	AMARILLO AREA FOUNDATION INC	Yes	

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

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

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

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

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)
.

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CITADELLE ART FOUNDATION	B	168,295	COST
(2)DON & SYBIL HARRINGTON FOUNDATION	C	1,504,500	COST
(3)DON & SYBIL HARRINGTON FOUNDATION	L	1,160,421	COST
(4)SEE SCHEDULE R PART VII	N	0	COST
(5)AAF COMMUNITY HEALTH FOUNDATION	B	6,862,877	COST(INVESTMENT), FMV(LAND&BLDG)

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULR R, PAGE 3, PART V LINE 2(3)	ALL EMPLOYEES THAT WORK FOR DON & SYBIL HARRINGTON FOUNDATION SHARE THE SAME FACILITIES OF AMARILLO AREA FOUNDATION, THE PARENT CORPORATION OF DON & SYBIL HARRINGTON FOUNDATION THE AMOUNTS INVOLVED ARE LESS THAN \$50,000