

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMARILLO AREA FOUNDATION, INC. Doing business as		D Employer identification number 75-0978220
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 801 S. FILLMORE, SUITE 700	E Telephone number 806-376-4521	
	City or town, state or province, country, and ZIP or foreign postal code AMARILLO, TX 79101		G Gross receipts \$ 32,707,449.
	F Name and address of principal officer: CLAY STRIBLING SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.AMARILLOAREAFUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 25
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 18
	6 Total number of volunteers (estimate if necessary) 6 200
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 35,443. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 34,443.
Revenue	8 Contributions and grants (Part VIII, line 1h) 6,829,679. 10,947,217.
	9 Program service revenue (Part VIII, line 2g) 0. 1,201,683.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,257,352. 4,798,304.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 124,667. 293,649.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,211,698. 17,240,853.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,360,823. 6,544,178.
	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) 680,222. 1,442,690.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 161,430.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,457,508. 1,328,862.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,498,553. 9,315,730. 19 Revenue less expenses. Subtract line 18 from line 12 5,713,145. 7,925,123.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 110,256,719. 115,910,482.
	21 Total liabilities (Part X, line 26) 10,056,878. 10,843,312.
	22 Net assets or fund balances. Subtract line 21 from line 20 100,199,841. 105,067,170.

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____	
	CLAY STRIBLING, PRESIDENT & CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GARY D. MITCHELL	Preparer's signature _____ Date _____
	Firm's name CONNOR MCMILLON MITCHELL & SHENNUM PLLC Firm's address P.O. BOX 15650 AMARILLO, TX 79105-5650	Check if self-employed <input type="checkbox"/> PTIN P00005725 Firm's EIN 26-3195732 Phone no. 806-373-6661

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

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

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

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 \$ 5,580,159. including grants of \$ 5,550,528.) (Revenue \$ 1,336,219.) 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 \$ 993,650. including grants of \$ 993,650.) (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 \$ 1,500,659. 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 8,074,468.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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>		X
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>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

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.		
	1a 25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 - (806) 376-4521**
801 S. FILLMORE, SUITE 700, AMARILLO, TX 79101

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) JULIE MITCHELL CHAIR	1.00 1.00	X		X			0.	0.	0.	
(2) CLIFF BICKERSTAFF 1ST VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(3) PUFF NIEGOS 2ND VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(4) LINDA RASOR SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(5) JASON HERRICK TREASURER	1.00 0.00	X		X			0.	0.	0.	
(6) ROY BARA DIRECTOR	1.00 0.00	X					0.	0.	0.	
(7) JERI BEZNER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(8) VANESSA BUZZARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(9) TERRY CAVINESS DIRECTOR	1.00 1.00	X					0.	0.	0.	
(10) PAUL CLARK DIRECTOR	1.00 0.00	X					0.	0.	0.	
(11) KATHY CORNETT DIRECTOR	1.00 0.00	X					0.	0.	0.	
(12) LERAYNE DONELSON DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) MIKE ENGLER DIRECTOR	1.00 1.00	X					0.	0.	0.	
(14) STEVE HOARD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) LARRY JOHNSON DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) KEN KELLEY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) SHARON MINER DIRECTOR	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) ALICE O'BRIEN DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) JACKIE PEARSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) DYKE ROGERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) ROD SCHRODER DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) EDDIE SCOTT DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) NANCY SELIGER DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) CAROLINE SMITH DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) ROY URRUTIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) CLAY STRIBLING PRESIDENT & CEO	20.00 20.00			X				200,949.	0.	24,950.
1b Sub-total								200,949.	0.	24,950.
c Total from continuation sheets to Part VII, Section A								337,955.	0.	66,466.
d Total (add lines 1b and 1c)								538,904.	0.	91,416.

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 **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	127,474.				
	c Fundraising events	1c					
	d Related organizations	1d	510,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,309,743.				
	g Noncash contributions included in lines 1a-1f: \$		2,629,848.				
	h Total. Add lines 1a-1f		10,947,217.				
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 561000	1,201,683.	1,201,683.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,201,683.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,591,191.		35,443.	1,555,748.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		159,113.			159,113.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		15,466,596.			
		c Gain or (loss)		3,207,113.			
	d Net gain or (loss)		3,207,113.			3,207,113.	
	8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a 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					
11 a OTHER INCOME		561000	67,780.	67,780.			
	b DISTRIBUTIONS PAID & RETURNS	561000	51,556.	51,556.			
	c CONTRACT FEES	561000	10,000.	10,000.			
	d All other revenue	561000	5,200.	5,200.			
	e Total. Add lines 11a-11d		134,536.				
12 Total revenue. See instructions.		17,240,853.	1,336,219.	35,443.	4,921,974.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,550,528.	5,550,528.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	993,650.	993,650.		
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	342,841.	157,707.	164,564.	20,570.
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	773,395.	426,702.	308,171.	38,522.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	112,992.	59,988.	47,115.	5,889.
9 Other employee benefits	128,774.	72,774.	49,778.	6,222.
10 Payroll taxes	84,688.	44,419.	35,795.	4,474.
11 Fees for services (non-employees):				
a Management				
b Legal	33,969.	2,695.	28,147.	3,127.
c Accounting	51,755.		51,755.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	141,434.		141,434.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	30,945.	29,028.		1,917.
13 Office expenses	152,405.	73,412.	30,966.	48,027.
14 Information technology				
15 Royalties				
16 Occupancy	145,475.	87,285.	58,190.	
17 Travel	57,504.	36,492.	15,427.	5,585.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,870.	5,639.	14,427.	5,804.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,634.	11,317.	11,317.	
23 Insurance	21,114.	441.	20,673.	
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	287,890.	267,027.	20,863.	
b REPAIRS & MAINTENANCE	90,352.	36,141.	36,141.	18,070.
c ACE PROGRAM EXPANSION	76,326.	76,326.		
d EVENTS	65,937.	59,636.	6,301.	
e All other expenses	125,252.	83,261.	38,768.	3,223.
25 Total functional expenses. Add lines 1 through 24e	9,315,730.	8,074,468.	1,079,832.	161,430.
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	200.	1	700.	
	2 Savings and temporary cash investments	9,745,578.	2	3,998,664.	
	3 Pledges and grants receivable, net	879,880.	3	1,479,962.	
	4 Accounts receivable, net	35,374.	4	1,551,606.	
	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 instr). Complete Part II of Sch 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 663,827.			
	b Less: accumulated depreciation	10b 584,829.	34,107.	10c	78,998.
	11 Investments - publicly traded securities	82,034,967.	11	87,927,541.	
	12 Investments - other securities. See Part IV, line 11	17,309,021.	12	20,820,401.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	217,592.	15	52,610.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	110,256,719.	16	115,910,482.		
Liabilities	17 Accounts payable and accrued expenses	235,396.	17	857,665.	
	18 Grants payable	1,016,636.	18	662,428.	
	19 Deferred revenue	9,270.	19		
	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	8,795,576.	25	9,323,219.	
	26 Total liabilities. Add lines 17 through 25	10,056,878.	26	10,843,312.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	100,141,103.	27	105,067,170.	
	28 Temporarily restricted net assets	58,738.	28	0.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	100,199,841.	33	105,067,170.		
34 Total liabilities and net assets/fund balances	110,256,719.	34	115,910,482.		

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	17,240,853.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,315,730.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,925,123.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,199,841.
5	Net unrealized gains (losses) on investments	5	-2,832,768.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-225,026.
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	105,067,170.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **AMARILLO AREA FOUNDATION, INC.** Employer identification number **75-0978220**

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

The organization is not a private foundation because it is: (For lines 1 through 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.)
- 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 or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,264,881.	12,313,074.	8,342,457.	6,829,679.	10,947,217.	43,697,308.
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	5,264,881.	12,313,074.	8,342,457.	6,829,679.	10,947,217.	43,697,308.
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)						3,143,082.
6 Public support. Subtract line 5 from line 4.						40,554,226.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	5,264,881.	12,313,074.	8,342,457.	6,829,679.	10,947,217.	43,697,308.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,565,492.	1,474,938.	1,840,657.	1,349,602.	1,714,861.	7,945,550.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,312.			114,311.	34,443.	150,066.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	359,781.	3,651.	2,910.	13,444.	134,536.	514,322.
11 Total support. Add lines 7 through 10						52,307,246.
12 Gross receipts from related activities, etc. (see instructions)					12	1,201,683.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	77.53 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	74.77 %
16a 33 1/3% support test - 2014. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
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 .		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

Section D. 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (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? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2010 AMOUNT: \$ 359,781.

DISTRIBUTIONS PAID & RETURN

2013 AMOUNT: \$ 7,260.

2014 AMOUNT: \$ 51,556.

OTHER INCOME

2011 AMOUNT: \$ 3,651.

2013 AMOUNT: \$ 3,584.

2014 AMOUNT: \$ 67,780.

CONTRACT FEES

2014 AMOUNT: \$ 10,000.

EVENT REGISTRATION

2012 AMOUNT: \$ 2,910.

2013 AMOUNT: \$ 2,600.

2014 AMOUNT: \$ 5,200.



Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization AMARILLO AREA FOUNDATION, INC.	Employer identification number 75-0978220
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PANHANDLE MATERNAL & CHILD HEALTH FOUNDATION P.O. BOX 1 AMARILLO, TX 79105	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HARRINGTON CANCER & HEALTH FOUNDATION 500 S. TAYLOR, SUITE 603 AMARILLO, TX 79101	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MR. ROBERT GRACE P.O. BOX 50790 AMARILLO, TX 79159	\$ 2,022,261.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	MR. MACK DICK P.O. BOX 50189 AMARILLO, TX 79159	\$ 454,241.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	GRUVER FARM SCHOLARSHIP FOUNDATION P.O. BOX 650 GRUVER, TX 79040	\$ 825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DR. MALOUF ABRAHAM 604 MAIN ST. CANADIAN, TX 79014	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMARILLO AREA FOUNDATION, INC.	Employer identification number 75-0978220
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GOLDEN SPREAD PANHANDLE WIND RANCH LLC P.O. BOX 9898 AMARILLO, TX 79105	\$ 334,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WILDORADO WIND LLC 3 MACARTHUR PLACE, SUITE 100 SANTA ANA, CA 92707	\$ 431,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DON & SYBIL HARRINGTON FOUNDATION 801 S. FILLMORE AMARILLO, TX 79101	\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMARILLO AREA FOUNDATION, INC.	Employer identification number 75-0978220
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	VARIOUS MARKETABLE SECURITIES _____ _____ _____	\$ <u>2,022,261.</u>	<u>12/24/14</u>
<u>4</u>	VARIOUS MARKETABLE SECURITIES _____ _____ _____	\$ <u>454,241.</u>	<u>01/10/14</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization AMARILLO AREA FOUNDATION, INC.	Employer identification number 75-0978220
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 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

2014

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	71	292
2 Aggregate value of contributions to (during year)	2,665,251.	8,697,191.
3 Aggregate value of grants from (during year)	1,551,706.	4,843,390.
4 Aggregate value at end of year	26,976,420.	87,409,115.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included 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, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above 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" to 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 in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical 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 in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,912.	57,089.	63,529.	69,195.	76,167.
b Contributions					
c Net investment earnings, gains, and losses	967.	8,473.	325.	2,057.	2,153.
d Grants or scholarships					
e Other expenditures for facilities and programs	61,879.	4,650.			
f Administrative expenses			6,765.	7,723.	9,125.
g End of year balance		60,912.	57,089.	63,529.	69,195.

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 100.00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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.	306,858.	16,889.
d Equipment		238,823.	177,207.	61,616.
e Other		101,257.	100,764.	493.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				78,998.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED		
(B) PARTNERSHIPS/HEDGE FUNDS	20,415,454.	END-OF-YEAR MARKET VALUE
(C) OTHER INVESTMENTS	404,947.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	20,820,401.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	9,323,219.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,323,219.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. AT DECEMBER 31, 2014, THE FEDERAL STATUTE OF LIMITATION REMAINS OPEN FOR THE 2011 THROUGH 2014 YEARS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **AMARILLO AREA FOUNDATION, INC.** Employer identification number **75-0978220**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN PASTORAL COUNSELING CENTER OF AMARILLO - P.O. BOX 9357 - AMARILLO, TX 79105	75-1829733	501(C)(3)	26,225.	0.			GENERAL SUPPORT
AMARILLO HABITAT FOR HUMANITY P.O. BOX 775 AMARILLO, TX 79105	75-1820887	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMARILLO AREA CASA P.O. BOX 691 AMARILLO, TX 79105	75-2560069	501(C)(3)	60,000.	0.			GENERAL SUPPORT
AMARILLO MUSEUM OF ART P.O. BOX 447 AMARILLO, TX 79178	23-7042476	501(C)(3)	25,000.	0.			GENERAL SUPPORT
KING'S MANOR METHODIST RETIREMENT P.O. BOX 1999 HEREFORD, TX 79045	75-2641794	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MUSCULAR DYSTROPHY ASSOCIATION 600 N. MARIENFELD, SUITE 840 MIDLAND, TX 79701	13-1665552	501(C)(3)	10,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **93.**

3 Enter total number of other organizations listed in the line 1 table **13.**

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

Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JERRY C. WAGGONER MEDICAL FOUNDATION - 200 S. MCGEE - BORGER, TX 79007	75-2383285	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OPPORTUNITY SCHOOL INC 1100 S. HARRISON AMARILLO, TX 79101	75-1360968	501(C)(3)	23,226.	0.			GENERAL SUPPORT
CASA OF THE ROLLING PLAINS 2020 COUNTRY CLUB DRIVE CHILDRESS, TX 79201	20-2993718	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PANHANDLE COMMUNITY SERVICES P.O. BOX 32150 AMARILLO, TX 79120	75-6049423	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BRIDGES TO LIFE P.O. BOX 570895 HOUSTON, TX 77257	76-0588279	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMARILLO TRI-STATE EXPOSITION P.O. BOX 31087 AMARILLO, TX 79120	75-0832456	501(C)(3)	20,000.	0.			GENERAL SUPPORT
EVELINE'S SUNSHINE COTTAGE P.O. BOX 50974 AMARILLO, TX 79159	75-3007093	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CETA CANYON CAMP & RETREAT CENTER 37201 FM 1721 HAPPY, TX 79042	75-0939943	501(C)(3)	30,000.	0.			GENERAL SUPPORT
DRISKILL HALFWAY HOUSE P.O. BOX 23 TULIA, TX 79088	75-1515154	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMANCHERO CANYONS MUSEUM P.O. BOX 402 QUITAQUE, TX 79255	46-2986861	501(C)(3)	15,000.	0.			GENERAL SUPPORT
A TIME TO SHARE P.O. BOX 50005 AMARILLO, TX 79159	20-3319639	501(C)(3)	37,748.	0.			GENERAL SUPPORT
COUNCIL ON FOUNDATIONS P.O. BOX 75661 BALTIMORE, MD 21275	13-6068327	501(C)(3)	9,560.	0.			GENERAL SUPPORT
HIGH PLAINS RETREAT CENTER P.O. BOX 7709 AMARILLO, TX 79114	27-1626983	501(C)(3)	50,000.	0.			GENERAL SUPPORT
AMARILLO MUSEUM OF ART P.O. BOX 47 AMARILLO, TX 79178	23-7042476	501(C)(3)	48,891.	0.			GENERAL SUPPORT
CARSON COUNTY SQUARE HOUSE MUSEUM P.O. BOX 276 PANHANDLE, TX 79068	75-6064546	501(C)(3)	10,262.	0.			GENERAL SUPPORT
COLLINGSWORTH COUNTY PUBLIC LIBRARY - 800 WEST AVE - WELLINGTON, TX 79095	23-7168956	501(C)(3)	40,089.	0.			GENERAL SUPPORT
COLLINGSWORTH GENERAL HOSPITAL P.O. BOX 1112 WELLINGTON, TX 79095	20-0929321	501(C)(3)	38,485.	0.			GENERAL SUPPORT
DON HARRINGTON DISCOVERY CENTER 1200 STREIT AMARILLO, TX 79106	75-1330735	501(C)(3)	123,896.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDWARD ABRAHAM MEMORIAL HOME 803 BIRCH CANADIAN, TX 79014	75-1156560	501(C)(3)	36,490.	0.			GENERAL SUPPORT
FAMILY SUPPORT SERVICES 1001 S. POLK AMARILLO, TX 79101	75-0900642	501(C)(3)	31,895.	0.			GENERAL SUPPORT
GOLDEN SPREAD COUNCIL BOY SCOUTS OF AMERICA - 401 TASCOSA ROAD - AMARILLO, TX 79105	75-0800613	501(C)(3)	6,545.	0.			GENERAL SUPPORT
GOLDEN SPREAD SENIOR CITIZENS CENTER INC - P.O. BOX 817 - SPEARMAN, TX 79081	75-1537128	501(C)(3)	12,586.	0.			GENERAL SUPPORT
HIGH PLAINS FOOD BANK P.O. BOX 31803 AMARILLO, TX 79120	75-1838348	501(C)(3)	7,185.	0.			GENERAL SUPPORT
LA RITA PERFORMING ARTS THEATRE P.O. BOX 466 DALHART, TX 79022	75-2184564	501(C)(3)	16,708.	0.			GENERAL SUPPORT
PERRYTON ACTIVITY CENTER P.O. BOX 52 PERRYTON, TX 79070	75-1072869	501(C)(3)	20,223.	0.			GENERAL SUPPORT
CITADELLE ART FOUNDATION P.O. BOX 1303 CANADIAN, TX 79014	26-1961223	501(C)(3)	113,824.	0.			GENERAL SUPPORT
TTUHSC SCHOOL OF PHARMACY 1300 COULTER AMARILLO, TX 79106	75-2668014	STATE OF TEXAS	119,752.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURN CENTER 1300 WALLACE BLVD AMARILLO, TX 79106	75-2020021	501(C)(3)	10,677.	0.			GENERAL SUPPORT
AMARILLO AREA CASA P.O. BOX 691 AMARILLO, TX 79105	75-2560069	501(C)(3)	6,000.	0.			GENERAL SUPPORT
AMARILLO COLLEGE FOUNDATION P.O. BOX 447 AMARILLO, TX 79178	75-6029084	501(C)(3)	12,300.	0.			GENERAL SUPPORT
AMARILLO MUSEUM OF ART P.O. BOX 447 AMARILLO, TX 79178	23-7042476	501(C)(3)	34,250.	0.			GENERAL SUPPORT
AMARILLO SYMPHONY P.O. BOX 2586 AMARILLO, TX 79105	75-1153018	501(C)(3)	6,500.	0.			GENERAL SUPPORT
AMARILLO UNITED CITIZENS FORUM 903 N. HAYDEN AMARILLO, TX 79105	75-1898840	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMARILLO VA HEALTH CARE SYSTEM 6010 AMARILLO BLVD WEST AMARILLO, TX 79106	75-1616212	GOVERNMENT	15,982.	0.			GENERAL SUPPORT
ARMSTRONG COUNTY MUSEUM P.O. BOX 450 CLAUDE, TX 79019	75-2341811	501(C)(3)	50,000.	0.			GENERAL SUPPORT
BAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 79101	75-2206268	501(C)(3)	21,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSHLAND COMMUNITY FOUNDATION P.O. BOX 446 BUSHLAND, TX 79012	45-3852937	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BUSINESS ALLIANCE FOR LOCAL LIVING ECONOMIES - 2323 BROADWAY - OAKLAND, CA 94612	20-1544255	501(C)(3)	60,000.	0.			GENERAL SUPPORT
CAL FARLEY'S BOYS RANCH P.O. BOX 1890 AMARILLO, TX 79174	75-0808768	501(C)(3)	22,500.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE TEXAS PANHANDLE - P.O. BOX 1512 - AMARILLO, TX 79105	75-0818147	501(C)(3)	6,405.	0.			GENERAL SUPPORT
CENTRAL TEXAS MEDICAL FOUNDATION P.O. BOX 912 SAN MARCOS, TX 78667	74-2259907	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CETA CANYON CAMP & RETREAT CENTER 37201 FM 1721 HAPPY, TX 79042	75-0939943	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CHAMBER MUSIC AMARILLO P.O. BOX 4170 AMARILLO, TX 79116	75-2822087	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CITY OF ADRIAN P.O. BOX 222 ADRIAN, TX 79001	75-6003938	STATE OF TEXAS	83,336.	0.			GENERAL SUPPORT
CITY OF AMARILLO P.O. BOX 1971 AMARILLO, TX 79105	75-6000444	STATE OF TEXAS	9,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CLARENDON P.O. BOX 783 CLARENDON, TX 79226	75-6000487	STATE OF TEXAS	7,750.	0.			GENERAL SUPPORT
CITY OF LAKEVIEW P.O. BOX 60 LAKEVIEW, TX 79239	75-1694950	STATE OF TEXAS	11,000.	0.			GENERAL SUPPORT
CITY OF QUITAQUE P.O. BOX 427 QUITAQUE, TX 79255	75-6004287	STATE OF TEXAS	12,905.	0.			GENERAL SUPPORT
CLARENDON COLLEGE FOUNDATION P.O. BOX 968 CLARENDON, TX 79226	75-2378278	501(C)(3)	6,130.	0.			GENERAL SUPPORT
COALITION OF HEALTH SERVICES 301 S. POLK, SUITE 740 AMARILLO, TX 79101	75-2009162	501(C)(3)	17,296.	0.			GENERAL SUPPORT
COUNTY OF HUTCHINSON P.O. BOX 790 STINNETT, TX 79083	75-6001022	STATE OF TEXAS	14,500.	0.			GENERAL SUPPORT
DOWNTOWN'S WOMEN'S CENTER 409 S. MONROE AMARILLO, TX 79101	20-0296282	501(C)(3)	6,000.	0.			GENERAL SUPPORT
EDWARD ABRAHAM MEMORIAL HOME 803 BIRCH CANADIAN, TX 79014	75-1156560	501(C)(3)	7,629.	0.			GENERAL SUPPORT
EVELINE'S SUNSHINE COTTAGE 6104 GAINSBOROUGH AMARILLO, TX 79106	75-3007093	501(C)(3)	8,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRVIEW CEMETERY ASSOCIATION P.O. BOX 660 PAMPA, TX 79065	75-0260965	501(C)(3)	11,000.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF AMARILLO 1300 S. TYLER AMARILLO, TX 79101	75-0950110	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF AMARILLO - 1100 S. HARRISON ST. - AMARILLO, TX 79101	75-0808783	501(C)(3)	12,000.	0.			GENERAL SUPPORT
GOLDEN SPREAD COUNCIL BOY SCOUTS OF AMERICA - 401 TASCOSA ROAD - AMARILLO, TX 79124	75-0800613	501(C)(3)	248,934.	0.			GENERAL SUPPORT
HARRINGTON CANCER FOUNDATION 1600 WALLACE BLVD AMARILLO, TX 79106	75-1578415	501(C)(3)	5,066.	0.			GENERAL SUPPORT
HEAL THE CITY FREE CLINIC 604 S. TENNESSEE AMARILLO, TX 79106	46-5694050	501(C)(3)	153,000.	0.			GENERAL SUPPORT
HEREFORD SENIOR CITIZENS ASSOCIATION - P.O. BOX 270 - HEREFORD, TX 79045	51-0157241	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HIGH PLAINS FOOD BANK P.O. BOX 31803 AMARILLO, TX 79120	75-1838348	501(C)(3)	313,500.	0.			GENERAL SUPPORT
HILLSIDE CHRISTIAN CHURCH - AMARILLO WEST - 6100 SONCY ROAD - AMARILLO, TX 79119	75-1161743	501(C)(3)	60,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMER'S BACKYARD BALL FOUNDATION P.O. BOX 20200 AMARILLO, TX 79114	45-2993602	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HUTCHINSON COUNTY P.O. BOX 790 STINNETT, TX 79083	75-6001022	STATE OF TEXAS	47,750.	0.			GENERAL SUPPORT
HUTCHINSON COUNTY UNITED WAY P.O. BOX 1430 BORGER, TX 79008	75-0875853	501(C)(3)	8,000.	0.			GENERAL SUPPORT
KANZA SOCIETY HIGH PLAINS PUBLIC RADIO - 210 N. 7TH ST. - GARDEN CITY, KS 67846	48-0859735	501(C)(3)	91,000.	0.			GENERAL SUPPORT
KIDS INC 2201 SE 27TH AMARILLO, TX 79103	75-0942621	501(C)(3)	1,257,636.	0.			GENERAL SUPPORT
KING'S MANOR METHODIST RETIREMENT CENTER - P.O. BOX 1999 - HEREFORD, TX 79045	75-2641794	501(C)(3)	22,500.	0.			GENERAL SUPPORT
MAIN STREET CANYON 1604 4TH AVE CANADIAN, TX 79015	30-0186051	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MAVERICK BOYS & GIRLS CLUB OF AMARILLO - 1923 S. LINCOLN - AMARILLO, TX 79109	75-0808760	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MCMURRY UNIVERSITY CAMPUS BOX 938 ABILENE, TX 79697	75-0855633	STATE OF TEXAS	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL CENTER LEAGUE HOUSE OF AMARILLO - 7000 AMARILLO BLVD WEST - AMARILLO, TX 79106	26-1615801	501(C)(3)	9,500.	0.			GENERAL SUPPORT
MOORE COUNTY JUNIOR LIVESTOCK ASSOCIATION - P.O. BOX 581 - DUMAS, TX 79029	75-2440501	501(C)(3)	18,550.	0.			GENERAL SUPPORT
NATIONAL CATTLEMEN'S FOUNDATION 9110 E. NICHOLS AVE CENTENNIAL, CO 80112	23-7259504	501(C)(3)	30,399.	0.			GENERAL SUPPORT
NONPROFIT SERVICE CENTER 801 S. FILLMORE, SUITE 700 AMARILLO, TX 79101	75-1336604	501(C)(3)	21,141.	0.			GENERAL SUPPORT
OLDHAM COUNTY P.O. BOX 571 VEGA, TX 79092	75-6001100	STATE OF TEXAS	35,000.	0.			GENERAL SUPPORT
OPPORTUNITY SCHOOL INC 1100 S. HARRISON AMARILLO, TX 79101	75-1360968	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PAMPA ANIMAL WELFARE SOCIETY P.O. BOX 2095 PAMPA, TX 79066	27-3600097	501(C)(3)	44,684.	0.			GENERAL SUPPORT
PAMPA LOVETT LIBRARY FOUNDATION P.O. BOX 2114 PAMPA, TX 79066	75-2281426	501(C)(3)	89,877.	0.			GENERAL SUPPORT
PANHANDLE CANCER CURE FOUNDATION 1000 COULTER DR. AMARILLO, TX 79106	26-2518098	501(C)(3)	22,037.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PANHANDLE PBS P.O. BOX 447 AMARILLO, TX 79178	75-6000031	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PANHANDLE PLAINS HISTORICAL SOCIETY - WT BOX 60967 - CANYON, TX 79016	75-6019872	501(C)(3)	37,000.	0.			GENERAL SUPPORT
PRESBYTERIAN HOME FOR CHILDREN 3400 S. BOWIE AMARILLO, TX 79109	75-0800666	501(C)(3)	6,500.	0.			GENERAL SUPPORT
RAVI ZACHARIAS INTERNATIONAL MINISTRIES - 4725 PEACHTREE CORNERS CIRCLE - NORCROSS, GA 30092	13-3200719	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ST. ANDREW'S EPISCOPAL CHURCH 1601 S. GEORGIA ST. AMARILLO, TX 79102	75-0808806	501(C)(3)	26,000.	0.			GENERAL SUPPORT
ST. JAMES EPISCOPAL CHURCH OF DALHART - 801 DENVER - DALHART, TX 79022	75-1806839	501(C)(3)	40,000.	0.			GENERAL SUPPORT
STRATFORD ISD EDUCATION FOUNDATION P.O. BOX 108 STRATFORD, TX 79084	22-3882634	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TEXAS PANHANDLE WAR MEMORIAL FOUNDATION INC - 4101 S. GEORGIA - AMARILLO, TX 79109	75-2545659	501(C)(3)	14,000.	0.			GENERAL SUPPORT
TEXAS TECH FOUNDATION BOX 41081 LUBBOCK, TX 79409	75-6043842	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

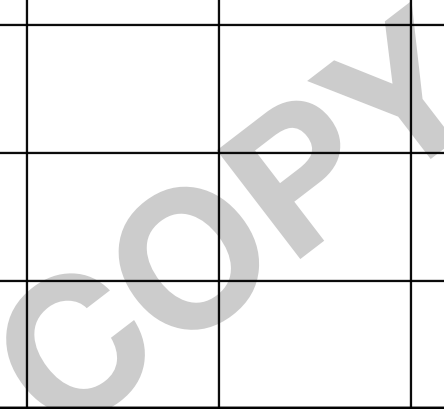
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY P.O. BOX 2490 AMARILLO, TX 79105	58-0660607	501(C)(3)	6,000.	0.			GENERAL SUPPORT
TRI-COUNTY MEALS P.O. BOX 421 QUITAQUE, TX 79255	20-0212483	501(C)(3)	15,865.	0.			GENERAL SUPPORT
WARNER MEMORIAL COMMUNITY CENTER 400 VINE ST. CLAUDE, TX 79019	75-2926759	501(C)(3)	5,386.	0.			GENERAL SUPPORT
WEST TEXAS A&M UNIVERSITY FOUNDATION - WTAMU BOX 60766 - CANYON, TX 79016	75-6036665	501(C)(3)	428,500.	0.			GENERAL SUPPORT
WESTMINISTER PRESBYTERIAN CHURCH 2525 WIMBERLY AMARILLO, TX 79109	75-0886454	501(C)(3)	17,999.	0.			GENERAL SUPPORT
WHITE STONE MINISTRIES 11271 VENTURA BLVD STUDIO CITY, CA 91604	34-2044996	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WICHITA FALLS INDEPENDENT SCHOOL DISTRICT - 1104 BROAD ST. - WICHITA FALLS, TX 76301	75-6002774	STATE OF TEXAS	333,000.	0.			GENERAL SUPPORT
WILDORADO INDEPENDENT SCHOOL DISTRICT - P.O. BOX 120 - WILDORADO, TX 79098	75-1152309	STATE OF TEXAS	71,000.	0.			GENERAL SUPPORT
WINDOW ON A WIDER WORLD P.O. BOX 9258 AMARILLO, TX 79105	75-2944275	501(C)(3)	53,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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
ACADEMIC SCHOLARSHIPS	621	993,650.	0.		



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

PART I, LINE 2:

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.

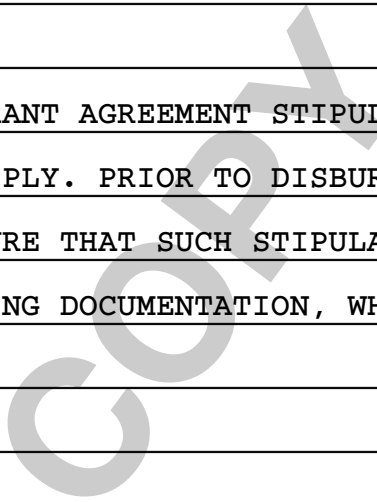
THE RESPONSIBILITY OF APPROVING EACH GRANT LIES WITH THE BOARDS. AAF'S

Part IV Supplemental Information

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

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

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



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

Part I Questions Regarding Compensation

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

Note. The sum of columns (B)(i)-(iii) 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAY STRIBLING PRESIDENT & CEO	(i)	200,949.	0.	0.	18,532.	6,418.	225,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

COPY

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AMARILLO NATIONAL BANK	BOARD MEMBER	17,142.	ASSET MANAG		X

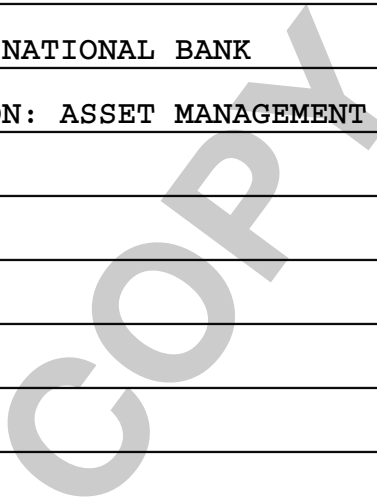
Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AMARILLO NATIONAL BANK

(D) DESCRIPTION OF TRANSACTION: ASSET MANAGEMENT FEES



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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	46	2,629,848.	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				
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? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2014)

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

SCHEDULE M, LINE 32B:

THE FOUNDATION REQUIRES 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

2014

Open to Public
Inspection

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

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

IN THE TEXAS PANHANDLE THROUGH EFFECTIVE PHILANTHROPIC EFFORTS.

FORM 990, PART VI, SECTION A, LINE 6:

AMARILLO AREA FOUNDATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE GOVERNING BODY IS ELECTED FROM A SLATE OF NOMINEES RECOMMENDED BY A
NOMINATING COMMITTEE AND APPROVED BY VOTE OF THE MEMBERSHIP AT ITS ANNUAL
MEETING.

FORM 990, PART VI, SECTION B, LINE 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

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

DIRECTOR OR STAFF MEMBER INVOLVED MUST IDENTIFY THE CONFLICT AND MAY, AT THE REQUEST OF THE BOARD OR COMMITTEE, REMAIN IN THE ROOM TO ANSWER QUESTIONS OF A FACTUAL NATURE THAT MAY ASSIST THE BOARD OR COMMITTEE IN ITS DELIBERATIONS. BOARD MEMBERS HAVING A CONFLICT OF INTEREST ON A GIVEN ISSUE SHALL NOT VOTE ON THAT ISSUE.

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

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

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

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

FORM 990, PART VIII, LINE 2A:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **AMARILLO AREA FOUNDATION, INC.** Employer identification number **75-0978220**

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
DON & SYBIL HARRINGTON FOUNDATION - 75-1336604, 801 S. FILLMORE SUITE 700, AMARILLO, TX 79101	SUPPORTING ORGANIZATION	TEXAS	501(C)(3)	509(A)(3) TYPE I	AMARILLO AREA FOUNDATION INC	X	
CITADELLE ART FOUNDATION - 26-1961223 P.O. BOX 1303 CANADIAN, TX 79014	ART MUSEUM	TEXAS	501(C)(3)	509(A)(2)	N/A		X

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

Schedule R (Form 990) 2014

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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DON & SYBIL HARRINGTON FOUNDATION	C	510,000.	COST
(2) DON & SYBIL HARRINGTON FOUNDATION	L	1,201,683.	COST
(3) SEE SCHEDULE R, PART VII	N	0.	COST
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

SCHEDULE 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.

COPY