

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

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

OMB No. 1545-0047

2018
 Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AMARILLO AREA FOUNDATION, INC.

Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
801 S. FILLMORE, SUITE 700

City or town, state or province, country, and ZIP or foreign postal code
AMARILLO TX 79101

D Employer identification number
75-0978220

E Telephone number
806-376-4521

G Gross receipts \$ **90,320,440**

F Name and address of principal officer:
CLAY STRIBLING
801 S. FILLMORE, SUITE 700
AMARILLO TX 79101

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.AMARILLOAREAFUNDATION.ORG**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1957** **M** State of legal domicile: **TX**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A COMMUNITY FOUNDATION OPERATING AS A PUBLIC CHARITY, WITH A MISSION TO IMPROVE THE QUALITY OF LIFE IN THE TEXAS PANHANDLE THROUGH EFFECTIVE PHILANTHROPIC EFFORTS.		
	2 Check this box <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 2018 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-256,304
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,405,756	4,992,474
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,181,353	1,267,954
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,421,409	11,439,144
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	274,245	-90,764
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,282,763	17,608,808
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,791,227	9,031,322
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,891,065	1,916,990
	b Total fundraising expenses (Part IX, column (D), line 25) u 679,004		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,363,059	1,861,403
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,045,351	12,809,715
19 Revenue less expenses. Subtract line 18 from line 12	2,237,412	4,799,093	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	133,054,303	120,034,985
	22 Net assets or fund balances. Subtract line 21 from line 20	11,384,074	12,536,485
		121,670,229	107,498,500

Part II Signature Block

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

Sign Here

Signature of officer: **CLAY STRIBLING** Date: **PRESIDENT & CEO**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **GARY D. MITCHELL** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00005725**

Firm's name: **CONNOR MCMILLON MITCHELL & SHENNUM PLLC** Firm's EIN: **26-3195732**
 Firm's address: **801 S FILLMORE ST STE 600 AMARILLO, TX 79101** 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

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

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

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

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

4a (Code:) (Expenses \$ **7,451,591** including grants of \$ **7,451,591**) (Revenue \$ **1,267,954**)

DISTRIBUTION PROGRAM - GRANT REQUEST APPLICATIONS ARE RECEIVED FROM CHARITABLE ORGANIZATIONS OF THE TEXAS PANHANDLE AREA. AFTER BEING RESEARCHED AND APPROVED, DISTRIBUTIONS ARE MADE.

4b (Code:) (Expenses \$ **1,579,731** including grants of \$ **1,579,731**) (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 \$ **1,567,862** 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 **u 10,599,184**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<input checked="" type="checkbox"/>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<input checked="" type="checkbox"/>	
b	If "Yes," enter the name of the foreign country: u SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			<input checked="" type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			<input checked="" type="checkbox"/>
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			<input checked="" type="checkbox"/>

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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		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?	10a		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?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
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?	16a		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 **u** **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **u**

CLAY STRIBLING **801 S. FILLMORE, SUITE 700** **AMARILLO** **TX 79101** **806-376-4521**

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACKIE PEARSON	1.00									
CHAIR	1.00	X		X			0	0	0	
(2) ROY BARA	1.00									
1ST VICE CHAIR	1.00	X		X			0	0	0	
(3) LORI HENKE	1.00									
2ND VICE CHAIR	0.00	X		X			0	0	0	
(4) PAUL MATNEY	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) PAUL CLARK	1.00									
TREASURER	0.00	X		X			0	0	0	
(6) DAVID PRESCOTT	1.00									
TREASURER	0.00	X		X			0	0	0	
(7) JERI BEZNER	1.00									
DIRECTOR	1.00	X					0	0	0	
(8) DANIEL BRADLEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) VANESSA BUZZARD	1.00									
DIRECTOR	1.00	X					0	0	0	
(10) KATHY CORNETT	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) CHERI DE JONG	1.00									
DIRECTOR	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LERAYNE DONELSON	1.00									
DIRECTOR	1.00	X						0	0	
(13) RAYMOND GAITAN	1.00									
DIRECTOR	0.00	X						0	0	
(14) ANTHONY HARRIS	1.00									
DIRECTOR	0.00	X						0	0	
(15) JASON HERRICK	1.00									
DIRECTOR	1.00	X						0	0	
(16) MIKE HUGHES	1.00									
DIRECTOR	0.00	X						0	0	
(17) DIANE MASHBURN	1.00									
DIRECTOR	0.00	X						0	0	
(18) CHARLES MESTAS	1.00									
DIRECTOR	0.00	X						0	0	
(19) VANESSA MILES	1.00									
DIRECTOR	0.00	X						0	0	

1b Sub-total	u		
c Total from continuation sheets to Part VII, Section A	u	455,268	95,419
d Total (add lines 1b and 1c)	u	455,268	95,419

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 **u 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
COLONIAL CONSULTING LLC NEW YORK NY 10017	750 THIRD AVENUE INVESTMENT MGMT	151,638

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 **u 1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	161,167				
	c Fundraising events	1c					
	d Related organizations	1d	1,237,546				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,593,761				
	g Noncash contributions included in lines 1a-1f: \$		177,530				
	h Total. Add lines 1a-1f	u	4,992,474				
	Program Service Revenue		Busn. Code				
2a ADMINISTRATIVE FEES		561000	1,267,954	1,267,954			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	1,267,954				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,473,491			1,473,491	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u	97,953			97,953	
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities		82,677,285			
		(ii) Other					
	b Less: cost or other basis & sales exps.			72,711,632			
	c Gain or (loss)			9,965,653			
	d Net gain or (loss)	u		9,965,653			9,965,653
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	Busn. Code						
11a OTHER INCOME	561000		39,124			39,124	
b DISTRIBUTIONS PAID & RETURNED	561000		25,463			25,463	
c CONTRACT FEES	561000		3,000			3,000	
d All other revenue			-256,304		-256,304		
e Total. Add lines 11a-11d	u		-188,717				
12 Total revenue. See instructions.	u		17,608,808	1,267,954	-256,304	11,604,684	

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	7,451,591	7,451,591		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,579,731	1,579,731		
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	393,172	133,679	153,337	106,156
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,128,190	376,554	445,713	305,923
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,069	33,980	48,414	32,675
9 Other employee benefits	170,290	56,834	65,686	47,770
10 Payroll taxes	110,269	37,693	43,735	28,841
11 Fees for services (non-employees):				
a Management				
b Legal	29,468	13,385	16,083	
c Accounting	69,550	3,635	65,915	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	294,557		294,557	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	88,267	26,448	21,746	40,073
13 Office expenses	57,109	11,819	33,027	12,263
14 Information technology	172,257	44,485	86,738	41,034
15 Royalties				
16 Occupancy	170,755	75,132	57,203	38,420
17 Travel	13,698	5,047	5,064	3,587
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,649	3,051	35,433	3,165
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,822	25,407	4,608	2,807
23 Insurance	24,386	4,773	19,613	
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	758,678	670,224	88,454	
b OTHER EXPENSES	80,226	34,958	35,027	10,241
c COMMUNICATIONS	15,793	7,562	4,924	3,307
d PROFESSIONAL DEVELOPMENT	12,188	3,196	6,250	2,742
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,809,715	10,599,184	1,531,527	679,004
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	490	1	490
	2	Savings and temporary cash investments	4,464,445	2	4,269,418
	3	Pledges and grants receivable, net	1,625,123	3	678,690
	4	Accounts receivable, net	507,282	4	208,119
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	817,571		
	10b	Less: accumulated depreciation	713,666	10c	103,905
	11	Investments—publicly traded securities	106,351,492	11	90,545,162
	12	Investments—other securities. See Part IV, line 11	19,893,083	12	24,123,664
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	117,493	15	105,537
16	Total assets. Add lines 1 through 15 (must equal line 34)	133,054,303	16	120,034,985	
Liabilities	17	Accounts payable and accrued expenses	496,555	17	662,261
	18	Grants payable	77,500	18	65,506
	19	Deferred revenue	1,165	19	5,812
	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	10,808,854	25	11,802,906
	26	Total liabilities. Add lines 17 through 25	11,384,074	26	12,536,485
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	121,670,229	27	107,498,500
	28	Temporarily restricted net assets		28	
	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	121,670,229	33	107,498,500	
34	Total liabilities and net assets/fund balances	133,054,303	34	120,034,985	

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	17,608,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,809,715
3	Revenue less expenses. Subtract line 2 from line 1	3	4,799,093
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	121,670,229
5	Net unrealized gains (losses) on investments	5	-17,903,765
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,067,057
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	107,498,500

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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.		

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JULIE MITCHELL	1.00									
DIRECTOR	1.00	X						0	0	
(21) PUFF NIEGOS	1.00									
DIRECTOR	0.00	X						0	0	
(22) TRENT SISEMORE	1.00									
DIRECTOR	0.00	X						0	0	
(23) CAROLINE SMITH	1.00									
DIRECTOR	1.00	X						0	0	
(24) SHARON WHITE	1.00									
DIRECTOR	0.00	X						0	0	
(25) SUZANNE WILLIS	1.00									
DIRECTOR	1.00	X						0	0	
(26) CLAY STRIBLING	20.00									
PRESIDENT & CEO	21.00			X				214,420	0	
(27) STEPHANIA JONES	20.00									
ASST. SEC/VP FINANCE	21.00			X				107,728	0	
1b Sub-total								322,148	71,024	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

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

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 **u**

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) TRENT HILL	20.00									
VP OF DEVELOPMENT	21.00					X	133,120	0	24,395	
1b Sub-total							133,120		24,395	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

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

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 **u**

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.

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,947,217	16,046,473	7,759,940	7,405,756	4,992,474	47,151,860
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	10,947,217	16,046,473	7,759,940	7,405,756	4,992,474	47,151,860
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)						15,338,704
6 Public support. Subtract line 5 from line 4						31,813,156

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	10,947,217	16,046,473	7,759,940	7,405,756	4,992,474	47,151,860
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,714,861	1,530,375	1,550,519	1,896,573	1,571,444	8,263,772
9 Net income from unrelated business activities, whether or not the business is regularly carried on	34,443	18,784	30,314			83,541
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	134,536	-934	113,316	263,578	67,587	578,083
11 Total support. Add lines 7 through 10						56,077,256

12 Gross receipts from related activities, etc. (see instructions) 12 5,905,512

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	56.73%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	60.93%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 = 18%.

- 19a 33 1/3% support tests—2018. 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—2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ 510,496**

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2018**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220**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	DON & SYBIL HARRINGTON FOUNDATION 801 S. FILLMORE, SUITE 700 AMARILLO TX 79101	\$ 424,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AAF COMMUNITY HEALTH FOUNDATION 801 S. FILLMORE, SUITE 700 AMARILLO TX 79101	\$ 813,546	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AMARILLO GLOBE-NEWS P.O. BOX 2091 AMARILLO TX 79166	\$ 111,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BARRY WILLIS 1602 S. FORDHAM ST. PERRYTON TX 79070	\$ 203,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CANADIAN BREAKS LLC 115 WILD BASIN RD, SUITE 301 WEST LAKE HILLS TX 78746	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DON POWELL P.O. BOX 468 AMARILLO TX 79105	\$ 100,000	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

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	FIDELITY CHARITABLE P.O. BOX 77001 CINCINNATI OH 45277	\$ 121,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PATTERN PANHANDLE WIND LLC 1201 LOUISIANA ST, SUITE 3200 HOUSTON TX 77002	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TEXAS BEEF FEEDYARD P.O. BOX 1355 DUMAS TX 79029	\$ 120,000	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions and grants, and yes/no questions regarding donor advised funds.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes (land, habitat, open space, historic), a table for 'Held at the End of the Tax Year' (2a-2d), and various questions about monitoring and expenses.

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

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

Form with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including revenue and asset inclusion questions.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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 on Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** %
 - c** Temporarily restricted endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		363,099	332,539	30,560
d Equipment		319,994	270,472	49,522
e Other		134,478	110,655	23,823
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	103,905

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other LTD PARTNERSHIPS & HEDGE FUNDS	23,963,370	MARKET
(A) MINERAL INTERESTS	160,294	MARKET
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	24,123,664	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	11,802,906
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	11,802,906

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" on Form 990, Part IV, line 12a.

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

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

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

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

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

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, 2018, THE FEDERAL STATUTE OF LIMITATION REMAINS OPEN FOR THE 2015 THROUGH 2018 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" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	7 STAR THERAPEUTIC RIDING CENTER P.O. BOX 50655 AMARILLO TX 79159	20-0857615	501C3	28,707				CAPITAL SUPPORT
(2)	ALEX O'BRIEN TENNIS FOUNDATION 800 S. MONROE AMARILLO TX 79101	46-4699395	501C3	30,000				GENERAL SUPPORT
(3)	AMARILLO AREA CASA P.O. BOX 691 AMARILLO TX 79105	75-2560069	501C3	14,375				GENERAL SUPPORT
(4)	AMARILLO BOTANICAL GARDENS 1400 STREIT DRIVE AMARILLO TX 79106	75-0968821	501C3	18,212				GENERAL SUPPORT
(5)	AMARILLO CHILDREN'S HOME 3400 S. BOWIE AMARILLO TX 79109	75-0800666	501C3	21,640				PROGRAM SUPPORT
(6)	AMARILLO COLLEGE P.O. BOX 447 AMARILLO TX 79178	75-6000031	GOV	118,210				STUDENT AID
(7)	AMARILLO COLLEGE FOUNDATION P.O. BOX 447 AMARILLO TX 79178	75-6029084	501C3	63,371				GENERAL SUPPORT
(8)	AMARILLO DOWNTOWN LIONS FOUNDATION P.O. BOX 2792 AMARILLO TX 79105	75-2328649	501C3	16,556				PROGRAM SUPPORT
(9)	AMARILLO HABITAT FOR HUMANITY P.O. BOX 775 AMARILLO TX 79105	75-1820887	501C3	10,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 142**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number
75-0978220

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(1)	AMARILLO HOUSING FIRST 200 S. TYLER ST. SUITE 1A AMARILLO TX 79101	81-4815427	501C3	40,451				GENERAL SUPPORT
(2)	AMARILLO INDEPENDENT SCHOOL DISTRICT 7200 I-40 WEST AMARILLO TX 79106	75-6000036	GOV	71,392				PROGRAM SUPPORT
(3)	AMARILLO ISD FOUNDATION 7200 I-40 WEST SUITE 114 AMARILLO TX 79106	75-2256608	501C3	6,000				PROGRAM SUPPORT
(4)	AMARILLO MUSEUM OF ART P.O. BOX 447 AMARILLO TX 79178	23-7042476	501C3	100,247				GENERAL SUPPORT
(5)	AMARILLO OPERA 2223 S. VAN BUREN AMARILLO TX 79109	75-2253647	501C3	6,858				GENERAL SUPPORT
(6)	AMARILLO RECOVERY ALCOHOL & DRUGS P.O. BOX 3454 AMARILLO TX 79116	26-2779312	501C3	19,000				PROGRAM SUPPORT
(7)	AMARILLO SYMPHONY P.O. BOX 2586 AMARILLO TX 79105	75-1153018	501C3	24,502				
(8)	AMARILLO TRI-STATE EXPOSITION 3301 SE 10TH AVE AMARILLO TX 79104	75-0832456	501C3	9,000				CAPITAL SUPPORT
(9)	AMARILLO WESLEY COMMUNITY CENTER 1645 S. ROBERTS AMARILLO TX 79102	51-0158641	501C3	9,445				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	AMARILLO YOUTH CHOIRS INC P.O. BOX 9421 AMARILLO TX 79105	75-2507750	501C3	9,459				GENERAL SUPPORT
(2)	AMERICAN RED CROSS-TEXAS PANHANDLE 1800 S. HARRISON AMARILLO TX 79102	53-0196605	501C3	25,000				PROGRAM SUPPORT
(3)	ANOTHER CHANCE HOUSE 209 S. JACKSON AMARILLO TX 79101	75-2233200	501C3	55,270				GENERAL SUPPORT
(4)	ARROW CHILD & FAMILY MINISTRIES 4655 S. FM 1258 AMARILLO TX 79118	74-2622426	501C3	6,872				GENERAL SUPPORT
(5)	BEAUTIFUL SAVIOR LUTHERAN CHURCH 3500 BOWIE ST. AMARILLO TX 79109	75-0951460	501C3	10,000				GENERAL SUPPORT
(6)	BEEHIVE INC P.O. BOX 653 PERRYTON TX 79070	75-1438295	501C3	51,779				GENERAL SUPPORT
(7)	BILLY GRAHAM EVANGELISTIC ASSOCIATI 1 BILLY GRAHAM PKWY CHARLOTTE NC 28201	45-2588350	501C3	6,000				GENERAL SUPPORT
(8)	BUCKNER CHILDREN & FAMILY SERVICES 700 N. PEARL ST. SUITE 1200 DALLAS TX 75201	75-2571395	501C3	6,200				PROGRAM SUPPORT
(9)	CAMP ALPHIE P.O. BOX 3819 AMARILLO TX 79116	75-2226804	501C3	22,117				PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	CANADIAN COMMUNITY CENTER P.O. BOX 1106 CANADIAN TX 79014	75-1838747	501C3	14,095				GENERAL SUPPORT
(2)	CANYON INDEPENDENT SCHOOL DISTRICT P.O. BOX 899 CANYON TX 79015	75-6000321	GOV	97,000				PROGRAM SUPPORT
(3)	CARSON COUNTY SQUARE HOUSE MUSEUM P.O. BOX 276 PANHANDLE TX 79068	75-6064546	501C3	10,789				GENERAL SUPPORT
(4)	CASA OF THE ROLLING PLAINS 2020 COUNTRY CLUB DRIVE CHILDRRESS TX 79201	20-2993718	501C3	12,500				PROGRAM SUPPORT
(5)	CATHOLIC CHARITIES TEXAS PANHANDLE P.O. BOX 15127 AMARILLO TX 79105	75-0818147	501C3	40,820				CAPITAL/GEN. SUPPORT
(6)	CCS CONNECT COMMUNITY SERVICES P.O. BOX 533 FRITCH TX 79036	46-5699270	501C3	7,739				
(7)	CETA CANYON CAMP & RETREAT CENTER 37201 FM 1721 HAPPY TX 79042	75-0939943	501C3	26,500				GEN./CAPITAL SUPPORT
(8)	CHALICE ABBEY 2717 STANLEY ST SUITE A AMARILLO TX 79109	45-3983079	501C3	8,000				GENERAL SUPPORT
(9)	CITY OF BORGER 600 N. MAIN ST. BORGER TX 79007	75-6000466	GOV	1,510,000				CAPITAL SUPPORT

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	CITY OF CLARENDON P.O. BOX 1089 CLARENDON TX 79226	75-6000487	GOV	144,521				CAPITAL SUPPORT
(2)	CITY OF FRIONA 623 MAIN FRIONA TX 79035	75-6000530	GOV	25,000				CAPITAL SUPPORT
(3)	CITY OF GROOM P.O. BOX 217 GROOM TX 79039	75-1481992	GOV	25,000				CAPITAL SUPPORT
(4)	CITY OF NAZARETH P.O. BOX 7 NAZARETH TX 79063	75-1433304	GOV	12,500				CAPITAL SUPPORT
(5)	CITY OF PANHANDLE P.O. BOX 129 PANHANDLE TX 79068	75-6000634	GOV	11,995				CAPITAL SUPPORT
(6)	CITY OF REFUGE OUTREACH MINISTRY 900 S. NELSON AMARILLO TX 79104	75-2935702	501C3	12,000				PROGRAM SUPPORT
(7)	CLAUDE COMMUNITY RECREATION INC P.O. BOX 792 CLAUDE TX 79019	82-2751541	501C3	7,800				
(8)	COALITION OF HEALTH SERVICES 301 S. POLK SUITE 740 AMARILLO TX 79101	75-2009162	501C3	20,000				PROGRAM SUPPORT
(9)	COLLINGSWORTH COUNTY HOSPITAL DISTRICT 1016 16TH STREET WELLINGTON TX 79095	75-1373698	GOV	43,959				GENERAL SUPPORT

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	COLLINGSWORTH COUNTY PUBLIC LIBRARY 712 15TH STREET WELLINGTON TX 79095	75-6000876	GOV	43,736				GENERAL SUPPORT
(2)	COLORFUL CLOSETS OF AMARILLO 13511 INDIAN HILL RD AMARILLO TX 79124	20-8087740	501C3	11,152				GENERAL SUPPORT
(3)	DALHART EDUCATION FOUNDATION 302 DENROCK AVE. DALHART TX 79022	20-8087740	501C3	125,000				CAPITAL SUPPORT
(4)	DALHART VOLUNTEER FIRE DEPARTMENT 110 DENROCK DALHART TX 79022	75-2347488	501C3	10,000				CAPITAL SUPPORT
(5)	DON HARRINGTON DISCOVERY CENTER FDN 1200 STREIT DRIVE AMARILLO TX 79106	75-1330735	501C3	137,998				GENERAL SUPPORT
(6)	DUMAS CHURCH OF NAZARENE 406 S. PORTER DUMAS TX 79029	44-0552034	501C3	10,000				PROGRAM SUPPORT
(7)	EDWARD ABRAHAM MEMORIAL HOME 803 BIRCH STREET CANADIAN TX 79014	75-1156560	501C3	13,268				GENERAL SUPPORT
(8)	EVELINE RIVERS CHRISTMAS PROJECT 314 S. JEFFERSON AMARILLO TX 79101	75-2576724	501C3	52,917				PROGRAM SUPPORT
(9)	EVELINE'S SUNSHINE COTTAGE P.O. BOX 50974 AMARILLO TX 79159	75-3007093	501C3	52,236				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	FAITH CITY MISSION P.O. BOX 870 AMARILLO TX 79105	75-6029995	501C3	43,666				GENERAL SUPPORT
(2)	FAMILY CARE FOUNDATION P.O. BOX 15203 AMARILLO TX 79105	75-0109845	501C3	23,157				GENERAL SUPPORT
(3)	FAMILY SUPPORT SERVICES 1001 S. POLK AMARILLO TX 79101	75-0800642	501C3	133,191				GENERAL SUPPORT
(4)	FIRST BAPTIST CHURCH BUSHLAND P.O. BOX 5 BUSHLAND TX 79012	76-0045182	501C3	6,000				GENERAL SUPPORT
(5)	FIRST BAPTIST CHURCH OF AMARILLO 1300 S. TYLER AMARILLO TX 79101	75-0950110	501C3	38,200				GENERAL SUPPORT
(6)	FIRST CHRISTIAN CHURCH OF AMARILLO 3301 WOLFLIN AVE. AMARILLO TX 79109	75-1051201	501C3	26,200				GENERAL SUPPORT
(7)	FIRST PRESBYTERIAN CHURCH AMARILLO 1100 S. HARRISON ST. AMARILLO TX 79101	75-0808783	501C3	16,500				GENERAL SUPPORT
(8)	GG RODEO ASSOCIATION P.O. BOX 1382 PAMPA TX 79066	46-4434640	501C3	13,401				GENERAL SUPPORT
(9)	GOLDEN SPREAD COUNCIL, BOY SCOUTS 401 TASCOSA ROAD AMARILLO TX 79124	75-0800613	501C3	10,975				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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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 noncash assistance	(h) Purpose of grant or assistance
(1)	GOOD NEIGHBORS MEALS P.O. BOX 144 GROOM TX 79039	30-0739758	501C3	13,085				CAPITAL SUPPORT
(2)	GRAY CARES LIVING AT HOME INC 511 N. HOBART ST. PAMPA TX 79065	26-3796095	501C3	7,348				GENERAL SUPPORT
(3)	GREAT PLAINS CASA FOR KIDS P.O. BOX 1306 HEREFORD TX 79045	86-1072436	501C3	11,451				GENERAL SUPPORT
(4)	GRUVER FARM SCHOLARSHIP FOUNDATION P.O. BOX 650 GRUVER TX 79040	37-1664273	501C3	300,000				STUDEN AID
(5)	GUYON SAUNDERS RESOURCE CENTER 200 S. TYLER AMARILLO TX 79101	75-2614211	501C3	200,800				GENERAL SUPPORT
(6)	HARRINGTON HOUSE FOUNDATION 1600 S. POLK ST. AMARILLO TX 79102	75-2609269	501C3	35,000				CAPITAL SUPPORT
(7)	HEAL THE CITY FREE CLINIC P.O. BOX 2556 AMARILLO TX 79105	46-5694050	501C3	257,781				GENERAL SUPPORT
(8)	HEREFORD SENIOR CITIZENS ASSOCIATIO P.O. BOX 270 HEREFORD TX 79045	51-0157241	501C3	10,000				GENERAL SUPPORT
(9)	HIGH PLAINS CHILDREN HOME & FAMILY 11461 S. WESTERN ST. AMARILLO TX 79118	75-1234350	501C3	9,513				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**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
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(1)	HIGH PLAINS FOOD BANK P.O. BOX 31803 AMARILLO TX 79120	75-1838348	501C3	31,981				GENERAL SUPPORT
(2)	HIGH PLAINS RETREAT CENTER P.O. BOX 7709 AMARILLO TX 79114	27-1626983	501C3	11,240				GENERAL SUPPORT
(3)	HILLSIDE CHRISTIAN CHURCH-AMARILLO 6100 SONCY ROAD AMARILLO TX 79119	75-1161743	501C3	25,000				GENERAL SUPPORT
(4)	HOPE & HEALING PLACE 1721 S. TYLER AMARILLO TX 79102	74-3079848	501C3	44,081				GENERAL SUPPORT
(5)	HOPE LIVES HERE 2403 WALTERS AMARILLO TX 79106	47-1601450	501C3	29,383				GENERAL SUPPORT
(6)	JOHN HOPKINS UNIVERSITY 3400 N. CHARLES SUITE 100 BALTIMORE MD 21218	52-0595110	GOV	10,000				CAPITAL SUPPORT
(7)	KANZA SOCITEY HIGH PLAINS RADIO 210 N. 7TH ST. GARDEN CITY KS 67846	48-0859735	501C3	91,409				CAPITAL SUPPORT
(8)	KING'S MANOR METHODIST RETIREMENT P.O. BOX 1999 HEREFORD TX 79045	75-2641794	501C3	69,587				CAPITAL SUPPORT
(9)	LA RITA PERFORMING ARTS THEATRE P.O. BOX 466 DALHART TX 79022	75-2184564	501C3	17,681				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(Form 990)**

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Department of the Treasury
Internal Revenue Service

Name of the organization

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(1)	LIFE CHALLENGE OF AMARILLO 6500 HOPE RD. AMARILLO TX 79119	75-1836322	501C3	42,213				GENERAL SUPPORT
(2)	MAKE A WISH FOUNDATION NORTH TEXAS 1600 S. COULTER BLDG A SUITE 100 AMARILLO TX 79106	75-1889666	501C3	10,020				GENERAL SUPPORT
(3)	MARTHA'S HOME 1204 SW 18TH AVE. AMARILLO TX 79102	75-2232697	501C3	45,000				GENERAL SUPPORT
(4)	MCMURRY UNIVERSITY CAMPUS BOX 938 ABILENE TX 79697	75-0855633	501C3	10,000				STUDENT AID
(5)	MEDICAL CENTER LEAGUE HOUSE AMARILLO 7000 AMARILLO BLVD WEST AMARILLO TX 79106	26-1615801	501C3	7,200				GENERAL SUPPORT
(6)	MISSION 2540 P.O. BOX 20771 AMARILLO TX 79114	20-1919092	501C3	14,611				GENERAL SUPPORT
(7)	MISSION AMARILLO 3508 LINE AVE. AMARILLO TX 79106	27-4201383	501C3	27,436				GENERAL SUPPORT
(8)	MORE CHURCH P.O. BOX 51465 AMARILLO TX 79159	75-2877390	501C3	22,286				GENERAL SUPPORT
(9)	NATIONAL CATTLEMEN'S FOUNDATION 9110 E. NICHOLS AVE SUITE 300 CENTENNIAL CO 80112	23-7259504	501C3	10,250				PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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(1)	NEHEMIAH PROJECT 2301 NW 14TH AMARILLO TX 79107	36-4828373	501C3	10,000				PROGRAM SUPPORT
(2)	OCHILTREE HOSPITAL DISTRICT 3101 GARRETT DR. PERRYTON TX 79070	75-1211903	GOV	6,000				PROGRAM SUPPORT
(3)	OGALLALA COMMONS P.O. BOX 346 NAZARETH TX 79063	33-1144011	501C3	16,852				GENERAL SUPPORT
(4)	OPPORTUNITY PLAN INC P.O. BOX 1035 CANYON TX 79015	75-6020405	501C3	98,522				STUDENT AID
(5)	OPPORTUNITY SCHOOL INC 1100 S. HARRISON AMARILLO TX 79101	75-1360968	501C3	11,612				GENERAL SUPPORT
(6)	PAMPA ANIMAL WELFARE SOCIETY P.O. BOX 2095 PAMPA TX 79066	27-3600097	501C3	89,338				PROGRAM SUPPORT
(7)	PANHANDLE CRISIS CENTER P.O. BOX 502 PERRYTON TX 79070	75-2032505	501C3	43,714				CAPITAL SUPPORT
(8)	PANHANDLE EDUCATION FOUNDATION P.O. BOX 1030 PANHANDLE TX 79068	46-5626970	501C3	17,907				CAPITAL SUPPORT
(9)	PANHANDLE INDEPENDENT SCHOOL DISTRI P.O. BOX 1030 PANHANDLE TX 79068	75-6002193	GOV	25,000				PROGRAM SUPPORT

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1)	PANHANDLE-PLAINS HISTORICAL SOCIETY WT BOX 60967 CANYON TX 79016	75-6019872	501C3	21,831				GENERAL SUPPORT
(2)	PARAMOUNT BAPTIST CHURCH 3801 WESTERN AVE. AMARILLO TX 79109	75-1072868	501C3	12,000				GENERAL SUPPORT
(3)	PERRYTON ACTIVITY CENTER 1201 SW 15TH STREET PERRYTON TX 79070	75-1072869	501C3	21,506				GENERAL SUPPORT
(4)	PERRYTON RODEO ASSOCIATION P.O. BOX 452 PERRYTON TX 79070	81-2919004	501C3	7,704				GENERAL SUPPORT
(5)	RAVI ZACHARIAS INTL MINISTRIES 3755 MANSELL RD ALPHARETTA GA 30022	13-3200719	501C3	104,000				PROGRAM SUPPORT
(6)	REAL EVANGELISM P.O. BOX 450649 ATLANTA GA 31145	76-6645182	501C3	12,000				GENERAL SUPPORT
(7)	REFUGE MINISTRIES 1009 S. MADDOX DUMAS TX 79029	75-2355301	501C3	20,000				CAPITAL SUPPORT
(8)	ROCKWELL ROAD BAPTIST CHURCH P.O. BOX 31495 AMARILLO TX 79120	75-2167134	501C3	30,000				PROGRAM SUPPORT
(9)	RONALD MCDONALD HOUSE CHARITIES AMARILLO 1501 STREIT DRIVE AMARILLO TX 79106	75-1790186	501C3	21,984				PROGRAM SUPPORT

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	SAFE PLACE, INC P.O. BOX 382 DUMAS TX 79029	75-2281733	501C3	9,000				GENERAL SUPPORT
(2)	SHARING HOPE MINISTRY P.O. BOX 7160 AMARILLO TX 79114	91-2157950	501C3	69,280				GENERAL SUPPORT
(3)	SKELLYTOWN AREA VOLUNTEER FIREFIGHT P.O. BOX 327 SKELLYTOWN TX 79080	75-2875184	501C3	17,435				CAPITAL SUPPORT
(4)	SPEARHEAD CORPORATION P.O. BOX 733 SPEARMAN TX 79081	75-2281974	501C3	28,136				PROGRAM SUPPORT
(5)	SPECIAL OLYMPICS TEXAS 1804 RUTHERFORD LANE AUSTIN TX 78754	74-1998367	501C3	6,500				PROGRAM SUPPORT
(6)	SQUARE MILE COMMUNITY DEVELOPMENT P.O. BOX 7926 AMARILLO TX 79114	81-3091547	501C3	6,929				GENERAL SUPPORT
(7)	ST. ANDREW'S EPISCOPAL CHURCH 1601 S. GEORGIA ST. AMARILLO TX 79102	75-0808806	501C3	10,500				GENERAL SUPPORT
(8)	STORYBRIDGE INC P.O. BOX 50524 AMARILLO TX 79159	81-3953396	501C3	16,514				GENERAL SUPPORT
(9)	TASCOSA EXCELLENCE COUNCIL 3921 WESTLAWN AMARILLO TX 79102	75-2056518	501C3	9,340				PROGRAM SUPPORT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	TEEN CHRISTMAS P.O. BOX 33103 AMARILLO TX 79120	27-0609810	501C3	27,500				PROGRAM SUPPORT
(2)	TEXAS PANHANDLE HERITAGE FOUNDATION 1514 5TH AVE. CANYON TX 79015	75-1083514	501C3	14,321				GENERAL SUPPORT
(3)	TEXAS PANHANDLE WAR MEMORIAL FOUNDATION 4101 S. GEORGIA ST. AMARILLO TX 79109	75-2545659	501C3	236,350				CAPITAL SUPPORT
(4)	TEXAS PARKS & WILDLIFE FOUNDATION 2914 SWISS AVE. DALLAS TX 75204	74-2602504	501C3	40,584				CAPITAL SUPPORT
(5)	TEXAS TECH FOUNDATION P.O. BOX 41081 LUBBOCK TX 79409	75-6043842	501C3	73,550				PROGRAM SUPPORT
(6)	TEXAS TECH SCHOOL OF PHARMACY 1300 S. COULTER ST. AMARILLO TX 79106	75-2668014	GOV	124,249				PROGRAM SUPPORT
(7)	TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER 1400 S. COULTER ST. AMARILLO TX 79106	75-2668014	GOV	15,872				STUDENT AID
(8)	THE BRIDGE CHILDREN'S ADVOCACY CENTER 804 QUAIL CREEK DR. AMARILLO TX 79124	75-1995807	501C3	10,380				GENERAL SUPPORT
(9)	THE DOWNTOWN WOMEN'S CENTER INC 409 S. MONROE AMARILLO TX 79101	20-0296282	501C3	31,500				PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

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(1)	THE PARC 413 SW 6TH AMARILLO TX 79101	46-4790841	501C3	9,942				GENERAL SUPPORT
(2)	THE PHILLIPS COLLECTION 1600 21ST ST. NW WASHINGTON DC 20009	53-0204620	501C3	10,000				GENERAL SUPPORT
(3)	THE SALVATION ARMY 400 S. HARRISON ST. AMARILLO TX 79101	58-0660607	501C3	48,750				PROGRAM SUPPORT
(4)	TRALEE CRISIS CENTER FOR WOMEN P.O. BOX 2880 PAMPA TX 79065	75-1975380	501C3	6,000				PROGRAM SUPPORT
(5)	TULIA UNITED COMMUNITY FUND P.O. BOX 671 TULIA TX 79088	75-2781473	501C3	7,138				GENERAL SUPPORT
(6)	TURN CENTER 1250 WALLACE BLVD AMARILLO TX 79106	75-1047725	501C3	20,469				GENERAL SUPPORT
(7)	UNIVERSITY OF TEXAS HEALTH SCIENCE 7000 FANNIN SUITE 1200 HOUSTON TX 77477	74-1761309	GOV	31,850				PROGRAM SUPPORT
(8)	WASHBURN COMMUNITY ASSOCIATION 201 DUNCAN AVE. CLAUDE TX 79019	75-1597805	501C3	6,000				PROGRAM SUPPORT
(9)	WEST TEXAS A&M UNIVERSITY FOUNDATIO WTAMU BOX 60766 CANYON TX 79016	75-6036665	501C3	356,447				STUDENT AID

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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(1)	WEST TEXAS DISTRICT CHURCH NAZARENE 860 AIRPORT FWY SUITE 206 HURST TX 76054	75-1284226	501C3	20,000				PROGRAM SUPPORT
(2)	WHITE DEER INDEPENDENT SCHOOL DISTRICT P.O. BOX 517 WHITE DEER TX 79097	75-6002758	501C3	27,000				CAPITAL SUPPORT
(3)	WHITE DEER-SKELLYTOWN LIGHTHOUSE FOUNDATION P.O. BOX 812 WHITE DEER TX 79097	20-8031304	501C3	12,393				GENERAL SUPPORT
(4)	WILDCAT BLUFF NATURE CENTER P.O. BOX 52132 AMARILLO TX 79159	75-2462520	501C3	32,617				GENERAL SUPPORT
(5)	WINDOW ON A WIDER WORLD P.O. BOX 9258 AMARILLO TX 79105	75-2944275	501C3	56,699				GENERAL SUPPORT
(6)	CITADELLE ART FOUNDATION P.O. BOX 1303 CANADIAN TX 79014	26-1961223	501C3	280,962				GENERAL SUPPORT
(7)								
(8)								
(9)								

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Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ACADEMIC SCHOLARSHIPS	787	1,579,731			
2					
3					
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2018, or tax year beginning

, and ending

2018

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THREE FOUNDATION STAFF ARE RESPONSIBLE FOR ADMINISTERING THE GRANTMAKING PROCESS AND PRESENTING REQUESTS FOR APPROVAL TO THE BOARD OF DIRECTORS.

AMARILLO AREA FOUNDATION (AAF) AND ITS SUPPORTING ORGANIZATION, THE DON & SYBIL HARRINGTON FOUNDATION (HF), REFERRED TO COLLECTIVELY AS THE "FOUNDATION", REVIEW GRANT REQUESTS AT EACH REGULAR MEETING OF THE BOARD OF DIRECTORS.

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

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2018

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AMARILLO AREA FOUNDATION, INC.

Employer identification number
75-0978220

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLAY STRIBLING PRESIDENT & CEO	(i)	188,000	20,000	6,420	22,640	25,716	262,776	0
	(ii)	0	0	0	0	0	0	0
2 TRENT HILL VP OF DEVELOPMENT	(i)	125,000	3,500	4,620	12,164	12,231	157,515	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

**U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
U Attach to Form 990.
U Go to www.irs.gov/Form990 for instructions and the latest information.**

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	10	107,035	FMV DATE OF GIFTS
10 Securities — Closely held stock	X	4	70,495	FMV DATE OF GIFTS
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 u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	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 nonstandard contributions?

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

b If "Yes," describe in Part II.

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

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.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

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

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

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AMARILLO AREA FOUNDATION, INC.**75-0978220****FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES****GREAT BRITAIN (UK), IRELAND, NETHERLANDS, CAYMAN ISLANDS, INDONESIA****FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS****AMARILLO AREA FOUNDATION HAS MEMBERS.****FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS****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, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****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, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****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**

Name of the organization

Employer identification number

AMARILLO AREA FOUNDATION, INC.

75-0978220

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

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS 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, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION 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 - ADDITIONAL INFORMATION

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

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Go to www.irs.gov/Form990 for instructions and the latest information.

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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
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DON & SYBIL HARRINGTON FOUNDATION 801 S. FILLMORE SUITE 700 75-1336604 AMARILLO TX 79101	SUPPORT CO	TX	501C3	12A	AAF	X	
(2) CITADELLE ART FOUNDATION P.O. BOX 1303 26-1961223 CANADIAN TX 79014	SUPPORT CO	TX	501C3	12A	AAF	X	
(3) AAF COMMUNITY HEALTH FOUNDATION 801 S. FILLMORE SUITE 700 81-0849302 AMARILLO TX 79101	SUPPORT CO	TX	501C3	12A	AAF	X	
(4)							
(5)							

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 alloc.?		(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	
(1)												
(2)												
(3)												
(4)												

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
(1)									
(2)									
(3)									
(4)									

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CITADELLE ART FOUNDATION	B	280,962	COST
(2)	DON & SYBIL HARRINGTON FOUNDATION	C	424,000	COST
(3)	AAF COMMUNITY HEALTH FOUNDATION	C	813,546	COST
(4)	DON & SYBIL HARRINGTON FOUNDATION	L	1,267,954	COST
(5)	SEE SCHEDULE R, PART VII	N		COST
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

SCHEDULE R - ADDITIONAL INFORMATION

SCHEDULE R, PAGE 3, PART V LINE 2

ALL EMPLOYEES THAT WORK FOR DON & SYBIL HARRINGTON FOUNDATION AND AAF COMMUNITY HEALTH FOUNDATION SHARE THE SAME FACILITIES OF AMARILLO AREA FOUNDATION (AAF), THE PARENT CORPORATION OF DON & SYBIL HARRINGTON FOUNDATION AND AAF COMMUNITY HEALTH FOUNDATION. THE AMOUNTS INVOLVED ARE LESS THAN \$50,000.